

SOURCE JUSTIFICATION FORM

Bureau of Procurement

The objective of this form is to capture all relevant documentation an Agency may have to assist the Department of General Services ("DGS"), Bureau of Procurement, in expediting the source justification review process. This form must be completed electronically, signed, and submitted with all relevant documentation to DGS. If a question is neither mandatory nor applicable, please indicate "N/A". Please use standard terminology and define acronyms.

SECTION A

1. Agency Name:	Department of Community and Economic Development		
2. Procurement Description: This description will appear on the eMarketplace website for public viewing	Act 47 (Municipalities Financial Recovery Act) Coordinator consulting services for the City of Chester		
Materials Description:			
Services Description:	Act 47 (Municipalities Financial Recovery Act) Coordinator consulting services for the City of Chester		
3. Materials Shopping Cart # or Services SPR#	See attached contract	Estimated Cost:	\$100,001 - \$250K
		Initial Contract Term:	8/1/2015 - 7/31/2016
		Renewals:	4 additional years
4. Supplier - Name:	Econsult Solutions Inc.		
Full Address:	1435 Walnut Street, Suite 300, Philadelphia, PA 19102		
Contact Name:	Stephen P. Mullin		
Telephone:	215-717-2777	FAX:	
E-mail:	mullin@econsultsolutions.com		
SRM Supplier #:	406786		
5. Delivery or service location:	City of Chester		

SECTION B

<input type="checkbox"/>	1. Sole Source: Only known source - Not available from another supplier.
<input type="checkbox"/>	2. Material/Repair/Maintenance: Material or service MUST be compatible with existing equipment. Documentation must be provided from the manufacturer.
<input type="checkbox"/>	3. Used Equipment: Value set by 2 independent 3rd party appraisals.
<input type="checkbox"/>	4. Professional Expert: Describe in detail in Section C.
<input checked="" type="checkbox"/>	5. Exempt (Law): A federal or state statute or regulation exempts the procurement from the competitive procedure. Any applicable information precluding the procurement from competitive procedures must be attached.
<input type="checkbox"/>	6. Feasibility: Clearly not feasible to award the contract on a competitive basis.

SOURCE JUSTIFICATION FORM

Bureau of Procurement

SECTION C

1. Describe the unique features of this procurement that prohibit a competitive environment. If applicable, attach a Statement of Work ("SOW").

Pursuant to the Municipalities Financial Recovery Act (53 P.S. Section 11701.101 et seq.) (the "Act"), the Department has designated the city of Chester as distressed. The Act requires the Department to appoint a coordinator within 30 days of the designation. Section 221(c) of the Act exempts Coordinator contracts from the competitive bid process. The previous supplier was hired to implement an Act 47 recovery plan for the city of Chester in accordance with Act 47. The latest contractual extension will cause the current contract, which expires on July 31, 2015, to exceed the five year limitation on contracts. The previous supplier's lead principal has retired. The supplier, a partner of the previous supplier and subcontractor under the current contract, will replace the previous supplier as coordinator for the city of Chester, but will subcontract certain coordinator services under the new contract with the previous supplier. As coordinator services are still needed, sole source approval for a new contract is necessary to prevent a break in the implementation of the Act 47 recovery plan for the city of Chester. SOW attached to attached contract.

2. Document and attach the research that has been conducted to date to verify the supplier is the only known source.

N/A

3. Does the supplier utilize distributors, dealers, resellers, etc.? If "Yes," please identify.

N/A

4. Are there compatibility requirements or compliance requirements with a warranty or service agreement? If "Yes," please explain.

N/A

5. How has the material or service been procured in the past? Please provide previous source justifications, contracts, & PO's for this material or service.

The services were sole sourced in 2010 and processed as Purchase Order #4300236698. In 2011, the Department requested and received from DGS approval to process the services as a Funds Commitment and to create contract #4000016131, without having to obtain new sole source approval, which covered the balance of time remaining under Purchase Order #4300236698.

6. If procured through the IT ITQ process, please provide original \$ amount and contract period of order. Is this the final phase of the project?

N/A

7. If this is an upgrade, addition, alteration, etc., to an earlier procurement, please describe in detail.

N/A

SOURCE JUSTIFICATION FORM

Bureau of Procurement

8. What are the consequences of not approving this procurement?

The city of Chester will not be able to implement their Act 47 recovery plan.

9. If timing is a factor, what is the time factor and why?

Contract #4000016131 expires on July 31, 2015.

10. List any other information relevant to the acquisition of this procurement here or as an attachment.

The Department anticipates that this contract will be extended for additional years, due to the nature of the services. The Department is requesting approval to renew the contract for additional one year periods, not to exceed five years.

Information contained in this sole source form is not submitted to DGS for approval. It is submitted to DGS for posting purposes only. Please see the attached DGS delegation memo.

11. For requests > \$100,000, has the supplier signed cost or pricing data certification and is the pricing breakdown attached?

Cost or pricing data certification and budget are attached.

SOURCE JUSTIFICATION FORM

Bureau of Procurement

SECTION D

IMPORTANT*: The printed names on this form shall constitute the signatures of these individuals. Agencies must insure that these individuals review the completed form and give their consent to apply their printed name on this form. No handwritten signatures shall be required in order for the form to be considered "signed" by those individuals whose names appear in the signature section of the form.

Shopping Cart Contact Person (Person whom DGS will contact regarding the Shopping Cart):

Name:	<input type="text" value="Lorie Abbott"/>	P-Group:	<input type="text" value="FP7"/>	Date:	<input type="text" value="06-23-15"/>
Title:	<input type="text" value="Procurement Officer"/>	Telephone:	<input type="text"/>	Fax:	<input type="text"/>

Agency Contact Person: Person in your agency that DGS can contact for additional information, etc.

Name:	<input type="text" value="Lisa Maiorana"/>	Title:	<input type="text" value="Assistant Counsel"/>	Date:	<input type="text" value="06-23-15"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text" value="lmaiorana@pa.gov"/>

Approving Authority (Agency Head or Deputy reviewing and approving this request): Approving Authority connotes approval of the source justification and the cost or pricing data certification.

Name:	<input type="text" value="Joseph Meade"/>	Title:	<input type="text" value="Acting Dep. Sec. for Com. Affairs"/>	Date:	<input type="text" value="06-23-15"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Approvals (if required by Agency):

Name:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text"/>
Name:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text"/>
Name:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text"/>
Name:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text"/>
Name:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text"/>