

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:	Pennsylvania Board of Probation and Parole		
2. Procurement Description: This description will appear on the eMarketplace website for public viewing	University of Cincinnati will provide a 3-day Effective Practices in Community Supervision (EPICS) Training to 90 staff members		
Materials Description:			
Services Description:	EPICS 3-day training		
3. Materials Shopping Cart # or Services SPR#	429070	Estimated Cost:	\$50,001 - \$100K
		Initial Contract Term:	July 1, 2016 - December
		Renewals:	none
4. Supplier - Name:	University of Cincinnati Research Institute		
Full Address:	PO BOX 19614, Cincinnati, OH 45219		
Contact Name:	Jennifer Scott		
Telephone:	513-556-7765	FAX:	
E-mail:	Jennifer.Scott@uc.edu		
SRM Supplier #:	429070		
5. Delivery or service location:	1101 S. Front Street, 5th Floor, Harrisburg, Pa. 1		

SECTION B

<input checked="" 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 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.

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SECTION C

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

EPICS was developed and is owned by the University of Cincinnati

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

No other source can provide EPICS training, as stated above it was developed by Doctors at the University of Cincinnati.

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

NO

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

NO

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.

PO 43004444231, SS approval 24246. In 2015, the initial roll out to 120 staff was completed by the University of Cincinnati. Of those 120 staff only five(5) successfully completed the train the trainer course. Those staff members train all new Parole Agents during our Basic Training Academy (BTA) which are held throughout the year. We still have a balance of 90 staff members that need the EPICs 3-day training.

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

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

We still have a balance of 90 staff members that need the EPICs 3-day training. If this procurement is not approved, new staff will come out of BTA trained in EPICs and Assigned to Supervisor's with no EPICS training. This will have a negative impact on offenders compliance and the Commonwealths initiative on recidivism reduction.

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

Timing is critical in effective implementation of this important Reentry Program. Research shows offenders under the supervision of EPICs-trained staff reoffend at markedly lower rates than offenders supervised by non-trained staff.

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

see attached

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

Yes

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:	Rick Condran	P-Group:	2500	Date:	06-17-16
Title:	Purchasing Agent 2	Telephone:		Fax:	

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

Name:	Cheryl O'Hara	Title:	Chief, Office Services Division	Date:	06-17-16
Telephone:		Fax:		Email:	cohara@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:	Deborah Carpenter	Title:	Director, Budget and Office Service	Date:	06-17-16
Telephone:		Fax:			

Additional Approvals (if required by Agency):

Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	