

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	Expert Witness for the Office of Small Business Advocate for cases before the Public Utility Commission.		
Materials Description:			
Services Description:	Expert Witness for the Office of Small Business Advocate for cases before the Public Utility Commission.		
3. Materials Shopping Cart # or Services SPR#	See Contract attached	Estimated Cost:	\$500,001 - \$1M
		Initial Contract Term:	Three years
		Renewals:	None
4. Supplier - Name:	Industrial Economics Inc.		
Full Address:	2067 Massachusetts Avenue, Cambridge, MA 02140-1340		
Contact Name:	Robert D. Knecht		
Telephone:	617-354-0074	FAX:	617-354-0463
E-mail:	rdk@indecon.com		
SRM Supplier #:	100573		
5. Delivery or service location:	Harrisburg, PA		

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.

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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").

Section 515(6) of the Commonwealth Procurement Code (62 Pa.C.S.A. section 515(6)) exempts this expert witness contract from competitive bid, as does Section E.2.d of Chapter 6 of Part I of the DGS Procurement Handbook. The expert witness was selected by attorneys and is being hired to testify at hearings before the Public Utility Commission.

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.

Services were procured through sole source PO#4300459217. PO can be found at contracts.patreasury.gov.

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?

The Office of Small business Advocate will be without an expert witness and unable to advocate for small businesses before the Public Utility Commission

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

Previous purchase order expired on June 30, 2016.

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

N/A

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

Yes. See attached documentation.

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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="09-26-16"/>
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="Jill B. Busch"/>	Title:	<input type="text" value="Deputy Chief Counsel"/>	Date:	<input type="text" value="09-26-16"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text" value="jbusch@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="Neil Weaver"/>	Title:	<input type="text" value="Executive Deputy Secretary"/>	Date:	<input type="text" value="09-26-16"/>
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"/>