

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 Human Services "prior DPW" | | |
| 2. Procurement Description: This description will appear on the eMarketplace website for public viewing | Consultation/Coordination for Norristown Civil Section closure and Wernersville community discharges | | |
| Materials Description: | | | |
| Services Description: | <p>Represent the Department as a coordinating member of the Stakeholder Group for the Closure of the Norristown State Hospital civil section.</p> <ul style="list-style-type: none"> Review Community Support Plans (CSPs) for individuals at both Wernersville and Norristown State Hospitals to ensure completeness, adherence to the CSP principles, confirmation of the necessary community supports to be in place prior to discharge. Represent the Department in dealings with both the counties and providers for the development of said services from the bullet above. When necessary, work directly with the identified providers to provide consultation in service development. Provide routine updates from the Coalition for the Responsible Closure of the Norristown Civil Section to OMHSAS and the Secretary Provide consultation and recommendations for acceptance of discharge plans to the Secretary and OMHSAS. Work with OMHSAS representation in meetings with the Wernersville and Norristown counties to obtain their commitment to participating with the CHIPPs being utilized to make the civil section closure at Norristown possible. Provide any other identified consultation in support of the Norristown initiative. | | |
| 3. Materials Shopping Cart # or Services SPR# | 801541 | Estimated Cost: | \$10,001 - \$50K |
| | | Initial Contract Term: | 1 year |
| | | Renewals: | up to 2 years |
| 4. Supplier - Name: | Aidan and Roberta Altenor | | |
| Full Address: | PO Box 413, 35 Jonica Lane, Boyerstown, PA 19512 | | |
| Contact Name: | Aidan Altenor | | |
| Telephone: | 610-906-6641 | FAX: | |
| E-mail: | robbieandaidan@comcast.net | | |
| SRM Supplier #: | 0000801541 | | |
| 5. Delivery or service location: | DHS, Scretary's Office | | |

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SECTION B

- ☒ **1. Sole Source:** Only known source - Not available from another supplier.
- ☐ **2. Material/Repair/Maintenance:** Material or service MUST be compatible with existing equipment. Documentation must be provided from the manufacturer.
- ☐ **3. Used Equipment:** Value set by 2 independent 3rd party appraisals.
- ☐ **4. Professional Expert:** Describe in detail in Section C.
- ☐ **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.
- ☐ **6. Feasibility:** Clearly not feasible to award the contract on a competitive basis.

SECTION C

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

The closure and community discharge protocols have specific requirements that Aidan and Robbie helped to develop during their tenure with the Department. Intricate knowledge of this process as well as the community behavioral health delivery systems is necessary to help facilitate successful placements and ability to close the civil section

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

Historical knowledge of 3 previous closures and what it takes to make them happen. Only other individual know to have the needed experience is fully retired and unable to provide the services at this time.

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.

Yes through grant allocations to counties that then engaged the contractor to perform these same duties.

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?

\$100 per hour for the combined efforts of both individuals and initial term of 1 year

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

No

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

Inability to have all areas of responsibility and coordination for the Norristown and Wernersville initiatives.

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

Yes, announcement has already been made and we are already behind schedule for the Wernersville portion of the initiative.

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

Please see attached CVs for both individuals that outline their work experience with the Department and listing of the previous closure initiatives they supported.

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

n/a

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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="Philip Mader"/> | P-Group: | <input type="text" value="?"/> | Date: | <input type="text" value="03-20-17"/> |
| Title: | <input type="text" value="Director"/> | 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="Jay Bausch"/> | Title: | <input type="text" value="Deputy Secretary"/> | Date: | <input type="text" value="03-20-17"/> |
| Telephone: | <input type="text"/> | Fax: | <input type="text"/> | Email: | <input type="text" value="jbausche@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="William M. Spiker"/> | Title: | <input type="text" value="Division Director"/> | Date: | <input type="text" value="03-24-17"/> |
| 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"/> |
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| 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"/> |