

# 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

Department of Human Services (DHS)/ Office of Developmental Programs (ODP) needs for a training class. The objective of this procurement is to offer an eight (8) hour Mental Health First Aid course to teach professionals and natural supports of individuals with intellectual and developmental disabilities how to identify, understand and respond to signs of mental illnesses.

### Materials Description:

### Services Description:

This statement of work is to cover the requirements of Department of Human Services (DHS)/ Office of Developmental Programs (ODP) needs for a training class. The objective of this procurement is to offer an eight (8) hour Mental Health First Aid course to teach professionals and natural supports of individuals with intellectual and developmental disabilities how to identify, understand and respond to signs of mental illnesses. ODP's goal is to increase the ability of professionals and natural supports to identify the signs of mental health concerns earlier in the course of manifestation of symptoms. By facilitating a process of earlier recognition of mental health concerns, the likelihood of individuals receiving treatment earlier in the course of illness is increased. By decreasing delays in care, individuals with intellectual and developmental disabilities will be afforded the opportunity to receive treatment earlier and thereby avoiding preventable progression of symptoms. In addition to enhancing quality of life by preventing symptom escalation, early recognition and treatment will reduce the burden on the entire support systems by reducing crises. By potentially reducing the burden and costs of support in the community for addressing crisis situations, more individuals may be supported in the community.

### 3. Materials Shopping Cart # or Services SPR#

6100043696

Estimated Cost:

\$50,001 - \$100K

Initial Contract Term:

1 year

Renewals:

4 option year

### 4. Supplier - Name:

Jen Bankard

Full Address:

1915 Penn St., Harrisburg, PA 17102

Contact Name:

Jen Bankard

Telephone:

717-460-1091

FAX:

E-mail:

jbankard812@gmail.com

SRM Supplier #:

0000528460

### 5. Delivery or service location:

Accross the state of Pennsylvania

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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").**

This service was put out as an RFQ through the ITQ and 2 bids were received, however, only two bids were received and neither meet the needs of the Department and the proposal scores didn't pass the 70% mark.

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

Jen Bankard is a certified mental health first aid trainer and is familiar with both the material and processes.

**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.**

It has not been procured in the past. The department was awarded federal funds to offer this training. The department did attempt to procure these services through a RFQ through the ITQ.

**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

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

We will loose the federal funding for this project.

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

Yes, we must move this project along, or we risk loosing federal funding.

**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

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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):

<b>Name:</b>	Toni Hoffecker	<b>P-Group:</b>	ODP	<b>Date:</b>	09-20-17
<b>Title:</b>	HSPR 2	<b>Telephone:</b>		<b>Fax:</b>	

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

<b>Name:</b>	David Kern	<b>Title:</b>	Purchasing Agent 2	<b>Date:</b>	09-20-17
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	dakern@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.

<b>Name:</b>	Jay Bausch	<b>Title:</b>	Deputy Secretary for Administratic	<b>Date:</b>	10/10/2017
<b>Telephone:</b>		<b>Fax:</b>			

### Additional Approvals (if required by Agency):

<b>Name:</b>	Daniel R. Boyd	<b>Title:</b>	Purchasing Agent 4	<b>Date:</b>	10-06-17
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	dboyd@pa.gov
<b>Name:</b>	Daniel R. Boyd	<b>Title:</b>	Purchasing Agent 4	<b>Date:</b>	10-06-17
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	dboyd@pa.gov
<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
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