

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 General Services		
2. Procurement Description: This description will appear on the eMarketplace website for public viewing	DOC Housing and Treatment Services		
Materials Description:			
Services Description:	Provide housing and various treatment services to persons under the supervision of the DOC Bureau of Community Corrections (BCC) and Pennsylvania Board of Probation and Parole (PBPP).		
3. Materials Shopping Cart # or Services SPR#	na	Estimated Cost:	\$10,001 - \$50K
		Initial Contract Term:	10/01/2018 - 01/31/2019
		Renewals:	zero
4. Supplier - Name:	Community Education Centers		
Full Address:	35 Fairfield Place, West Caldwell, NJ 07006		
Contact Name:	Steve Tomlin		
Telephone:	201-452-0458	FAX:	
E-mail:	steve.tomlin@cecintl.com		
SRM Supplier #:	116295		
5. Delivery or service location:	Statewide		

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 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 checked="" 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").

Provide housing and treatment services for Department of Corrections and Probation and Parole.

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.

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.

Contract # 4400010963

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?

There will be a lapse in persons receiving treatment.

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

The three month extension as allowed per the terms and conditions of the contract has already been utilized bringing the termination date to September 30, 2018. The new contracts will not be in place by September 30th as they will need to go through full release. Contract is being extended until 01/31/2019 or until a fully executed contract is in place. This SS will ensure no lapse in coverage occurs.

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?

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:	Adraine E. Franklin	P-Group:	XN3	Date:	08-22-18
Title:	Commodity Specialist	Telephone:		Fax:	

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

Name:	Corey Walters	Title:	Associate Commodity Manager	Date:	08-22-18
Telephone:		Fax:		Email:	cowalters@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:	Janice Pistor	Title:	Chief Procurement Officer	Date:	08-21-18
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:	