

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 Environmental Protection

2. Procurement Description:

This description will appear on the eMarketplace website for public viewing

DEP, Bureau of Clean Water and the Chesapeake Bay Office have instituted a regulatory inspection program for all agricultural operations within Pennsylvania's Chesapeake Bay Watershed. Due to the increased need for private consultants to develop plans that meet both state regulatory requirements and Chesapeake Bay standards, DEP is seeking a contractor to administer the funds to offset the cost of plans developed by private consultants for agricultural operations/landowners in the following counties:

Cambria, Somerset, Blair, Bedford, Huntingdon, Fulton, Franklin, Adams, Cumberland, Perry, Juniata, Mifflin, Dauphin, Lebanon, York, Lancaster, Berks, Chester.

Materials Description:**Services Description:**

See above.

3. Materials Shopping Cart # or Services SPR#

000000000000

Estimated Cost:

\$1,000,001 - \$5M

Initial Contract Term:

5/3/17 - 9/30/17

Renewals:

4

4. Supplier - Name:

TeamAg, Inc.

Full Address:

120 Lake Street, Ephrata, PA 17522

Contact Name:

Jean M. Zentz

Telephone:

717-721-6795

FAX:

E-mail:

TeamAg@TeamAgInc.com

SRM Supplier #:

182446

5. Delivery or service location:

See above.

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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").

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

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

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

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.

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?

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

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

This was procured through an IFB

n/a

n/a

n/a

It was not procured in the past, this is the first renewal of the original IFB.

n/a

n/a

Detrimental environmental impacts to the Chesapeake Bay.

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

ASAP

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:	William McDade	P-Group:	GG7	Date:	10-16-18
Title:	Division Chief	Telephone:		Fax:	

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

Name:	Sherry Morrow	Title:	EEO Specialist	Date:	10-16-18
Telephone:		Fax:		Email:	smorrow@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:	William McDade	Title:	Division Chief	Date:	10-16-18
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:	