

# 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

<b>1. Agency Name:</b>	Department of General Services		
<b>2. Procurement Description:</b> This description will appear on the eMarketplace website for public viewing	The purpose of the Vocational Rehabilitation Services ITQ is to qualify responsible and responsive Contractors to perform Vocational Rehabilitation Services to Commonwealth of Pennsylvania, Department of Labor & Industry (L&I), State Workers' Insurance Fund (SWIF) for Vocational Rehabilitation Services.		
<b>Materials Description:</b>			
<b>Services Description:</b>	The vocational consultant must evaluate the injured individual and identify employment opportunities consistent with his/her physical capabilities and vocational abilities.		
<b>3. Materials Shopping Cart # or Services SPR#</b>	NA	<b>Estimated Cost:</b>	\$50,001 - \$100K
		<b>Initial Contract Term:</b>	11/01/2013-10/31/2018
		<b>Renewals:</b>	2
<b>4. Supplier - Name:</b>	LRC REHABILITATION CONSULTANTS INC		
<b>Full Address:</b>	3609 Chapel Rd Newtown Square PA 19073-3613		
<b>Contact Name:</b>	Leona Franks		
<b>Telephone:</b>	610-355-0310	<b>FAX:</b>	610-355-0379
<b>E-mail:</b>	lfranks@lrcdisability.com		
<b>SRM Supplier #:</b>	177332		
<b>5. Delivery or service location:</b>	Commonwealth-Wide		

## SECTION B

<input type="checkbox"/>	<b>1. Sole Source:</b> Only known source - Not available from another supplier.
<input type="checkbox"/>	<b>2. Material/Repair/Maintenance:</b> Material or service MUST be compatible with existing equipment. Documentation must be provided from the manufacturer.
<input type="checkbox"/>	<b>3. Used Equipment:</b> Value set by 2 independent 3rd party appraisals.
<input type="checkbox"/>	<b>4. Professional Expert:</b> Describe in detail in Section C.
<input type="checkbox"/>	<b>5. Exempt (Law):</b> 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"/>	<b>6. Feasibility:</b> 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").**

Contract # 4400012449, provides L&I, SWIF with a vocational consultant must evaluate the injured individual and identify employment opportunities consistent with his/her physical capabilities and vocational abilities. DGS is in the process of procuring new services and additional time is needed to complete the procurement process.

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

Contract # 4400012449 is being extended for up to five (5) months to allow completion of the procurement process.

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

NA

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

NA

**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.**

These services have always been procured through an IFB.

**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?**

NA

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

NA

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

If this SS is not approved, L&I, SWIF will not be able to purchase the required vocational rehabilitation services.

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

Current Contract # 4400012449 expires 01.31.2019. This SS will extend the contract until 6.30.2019 or until a fully executed contract is in place.

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

NA

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

NA

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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>	Crystal Zelinski	<b>P-Group:</b>	XP3	<b>Date:</b>	12-06-18
<b>Title:</b>	Commodity Specialist	<b>Telephone:</b>		<b>Fax:</b>	

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

<b>Name:</b>	Crystal Zelinski	<b>Title:</b>	Commodity Specialist	<b>Date:</b>	12-06-18
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	czelinski@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>	Janice Pistor	<b>Title:</b>	Chief Procurement Officer	<b>Date:</b>	12-06-18
<b>Telephone:</b>		<b>Fax:</b>			

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

<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	