

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	Outpatient Services		
Materials Description:			
Services Description:	This will be entered as a Funds Commitment.		
3. Materials Shopping Cart # or Services SPR#	6100049382	Estimated Cost:	\$1,000,001 - \$5M
		Initial Contract Term:	5 Years
		Renewals:	Removed per DGS
4. Supplier - Name:	The Milton S Hershey Medical Center		
Full Address:	Penn State Hershey Medical Center, 500 University Drive, Hershey, PA 17033-2360		
Contact Name:	Eric Strucko, CFO		
Telephone:	717-531-5461	FAX:	
E-mail:	cwright1@hmc.psu.edu		
SRM Supplier #:	158032		
5. Delivery or service location:	Hershey Medical Center		

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").

This Sole Source is authorized under Part I Chapter 6 E Sole Source Conditions for Use-(1) only a single contractor is capable of providing supplies, services, or construction. and (9) The contract for supplies or services is in the best interest of the Commonwealth. We issued multiple award IFB 6100048911 and Hershey did not bid on it being that they had many technical issues going on and we had to have a lot of meetings to get the vendor to commit to what the facility needed. They finally agreed on SPR 6100049382.

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

DHS needs to have contracts with facilities for specialized and other health care services. Neither the state hospital nor the local hospital may be able to provide needed services and the closest hospital with the most availability of specialized services is Hershey. The alternative is to wait until a consumer comes down with a condition that the local hospital is not able to treat and to have to do either a settlement agreement or hope the state hospital remembers to request emergency approval for the services, which may be repeated. It is in the Department's best interest to have contracts with all facilities where we may need to have services provided.

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

N/A

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

N/A

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.

IFB 6100048617 & IFB 6100048911 was issued and Hershey did not bid on it or did not agree to the terms of this IFB. They officially agreed to SPR 6100049382. PO 4300509407 and 4300549256 (expired 9/30/2018). We have been using the PCard for purchases since the expiration of the last PO but cannot continue because charges now exceed PCard limit.

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?

This could negatively affect the health and well-being of Consumer of WeSH if medical services are not available. The vendor is very upset with how long everything has taken in order to get the right contract in place. We are afraid that we lose Hershey as a vendor for now and in the future if this contract doesn't get put in place.

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

Emergency PO in place until 4/16/2020. Funds Commitment needs to be in place before then so WeSH Consumers will be able to have continued medical services.

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

Attached.

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):

Name:	Pam Gromlich	P-Group:	CJ3-2111-DHS Wernersville St Hos	Date:	12-12-19
Title:	Fiscal Assistant	Telephone:		Fax:	

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

Name:	Kelly Beers	Title:	Purchasing Agent Supervisor	Date:	12-12-19
Telephone:		Fax:		Email:	kebeers@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:	Carrie Thompson	Title:	PS3	Date:	12-17-19
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:	