Department of General Services

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 Military and Veterans Affairs					
Procurement Description: This description will appear on the eMarketplace website for public viewing	Laboratory Analysis & Legionella Testing					
Materials Description:						
Services Description:	Laboratory Analysis & Legionella Testing					
3. Materials Shopping Cart # or	6100051415	Estimated Cost:	\$50,001 - \$100K			
Services SPR#		Initial Contract Term:	1 year			
		Renewals:	4 additional 1 year renev			
4. Supplier - Name:	Enrich Products Inc					
Full Address:	PO Box 86116 Pittsburgh, PA 15221					
Contact Name:	ame: Virginia Shields					
Telephone:	412-243-4942	FAX:				
E-mail:	ENRICHPRO1@AOL.COM					
SRM Supplier #: 157340						
5. Delivery or service location: DMVA - SWVC 7060 Highland Drive, Pittsburgh, PA 15						
SECTION B						
☑ 1. Sole Source: Only known source -	Not available from another sup	plier.				
2. <i>Material/Repair/Maintenance</i> : 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 (<i>Law</i>): 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.						

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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").
- 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?
- 9. If timing is a factor, what is the time factor and why?
- 10. List any other information relevant to the acquisition of this procurement here or as an attachment.

Enrich Products, Inc. is the sole proprietor of EPI copper-silver equipment.

Received proprietary letter from vendor.

The existing EPI controller is manufactured and distributed by Enrich Products.

Enrich products provides electrode cells and replacement parts that are NSF/ANSI 61 and 372 Certified. At this time, there are no other ionization companies that are certified to replace the same components within the electrode cell. This certification is required by State and other regulatory agencies. Enrich Products has received registration through EPA under FIFRA Law (EPA Reg No# 086131). This registration includes efficacy, product chemistry and toxicity. Electrode cell replacement parts conform to EPA registration requirements.

Was previously approved as a sole source, Sole Source ID# 29417.

ln/a

Additional years of service/maintenance/testing.

A new system would need to be purchased.

Current PO expires 9/30/2020, was already extended due to COVID restraints with Veterans Homes.

N/A

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

V/A			

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:	Kristen Bach	P-Group:	Z57	Date:	09-04-20	
Title:	Purchasing Agent	Telephone:		Fax:		
Agency Contact Person: Person in your agency that DGS can contact for additional information, etc.						
Name:	Kristen Bach	Title:	Purchasing Agent	Date:	09-04-20	
Telephone:		Fax:		Email:	krbach@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:	Mandy Teter	Title:	Director, Bureau of Office Service:	Date:	09-04-20	
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:		
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