

# 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 Revenue		
<b>2. Procurement Description:</b> This description will appear on the eMarketplace website for public viewing	Magnetic Ceiling Grabber Sign (Proprietary)		
<b>Materials Description:</b>	Magnetic Ceiling Grabber Sign (Proprietary). Detailed description is attached.		
<b>Services Description:</b>			
<b>3. Materials Shopping Cart # or Services SPR#</b>	TBD	<b>Estimated Cost:</b>	\$100,001 - \$250K
		<b>Initial Contract Term:</b>	1 Year
		<b>Renewals:</b>	2 Years
<b>4. Supplier - Name:</b>	Bruce Siegel, DBA BL Promos		
<b>Full Address:</b>	2970 Maria Avenue, Suite 212, Northbrook, Illinois, 60062		
<b>Contact Name:</b>	Bruce Siegel		
<b>Telephone:</b>	847-564-8669	<b>FAX:</b>	847-564-8688
<b>E-mail:</b>	bruce.siegel@blpromos.com		
<b>SRM Supplier #:</b>	520027		
<b>5. Delivery or service location:</b>	PA Lottery, 1200 Fulling Mill Road, Suite 1, Middl		

## SECTION B

<input checked="" 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 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").**

There is only one known manufacturer of this particular product. They have patented the design. The patent number for the Magnetic Ceiling Grabber is US D655,448.

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

We researched online and could not find a similar product, due to the patent.

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

Yes. Per the Manufacturer the exclusive distributor for the U.S. Lottery System is BL Promos out of Northbrook, IL. Bruce Siegel is the contact at BL Promos.

**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.**

This is a brand new procurement. It has not been sourced previously.

**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?**

We will lose valuable marketing real estate in convenience store retailers, resulting in subsequent losses in potential sales.

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

N/A

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

This piece of signage is valuable in promoting Lottery products in the retail environment in an eye catching way. It will increase visibility of Lottery products and encourage Lottery purchases, which benefit Older Pennsylvanians.

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

Not at this time. Will complete after preliminary sole source approval.

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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>	Jim Frye	<b>P-Group:</b>	1	<b>Date:</b>	12/22/2020
<b>Title:</b>	Purchasing Supervisor - Lottery	<b>Telephone:</b>		<b>Fax:</b>	

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

<b>Name:</b>	Mark Morrison	<b>Title:</b>	Purchasing Supervisor	<b>Date:</b>	12/22/2020
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	markmorrison@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>	Christin Heidingsfelder	<b>Title:</b>	Deputy Secretary for Administrative Services	<b>Date:</b>	12/23/2020
<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>	
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