

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	BJJS (Bureau of Juvenile Justice Services) MIIRS (Management Information & Incident Reporting System)		
Materials Description:			
Services Description:			
3. Materials Shopping Cart # or Services SPR#	4400014092	Estimated Cost:	\$100,001 - \$250K
		Initial Contract Term:	12 months
		Renewals:	3 months
4. Supplier - Name:	County Commissions Association of PA		
Full Address:	PO Box 60769 Harrisburg, PA 17106		
Contact Name:	Katlin Lerew		
Telephone:	717-526-1010	FAX:	717-828-1167
E-mail:	klerew@pacounties.org		
SRM Supplier #:	119804		
5. Delivery or service location:	Dept of Human Services - BJJS		

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").

We are requesting a 2nd amendment to the existing contract in order to continue critical services while a new RFQ is being developed. The initial RFQ, 610004978, was issued on July 15, 2021 with quotes due by August 25, 2021 but was ultimately cancelled. A new RFQ is being prepared for issuance.

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

N/A

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.

This was previously approved as a sole source procurement. Contract # 4400014092. PO#'s 4300534883, 4300570528, 4300489819, 4300608338, and 4300656707.

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.

We are requesting a 2nd amendment to the existing contract to allow time for the RFQ process to be completed so that this can be competitively bid.

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

BJJS must have uninterrupted access to the case management system that is currently in place. BJJS business processes depend on utilization of the existing system.

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

We need to amend the existing contract through 9/30/22, with option for 3 month period to extend through 12/31/22.

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:	Tami Myers	P-Group:	500009304	Date:	07-22-21
Title:	Purchasing Agent Supervisor	Telephone:		Fax:	

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

Name:	Eric McCoy	Title:	Procurement Specialist 3	Date:	07-22-21
Telephone:		Fax:		Email:	ermccoy@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:	DeShawn A. Lewis	Title:	Director	Date:	08-19-21
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:	