

Notice of Forthcoming Procurements

Approved.

This form is to be submitted at the beginning of the process, for **all procurements** which will exceed the dollar thresholds as established in The Procurement Handbook, Part I, Chapter 7- Thresholds and Delegations.

New Form Edit Form Status: Approved

Requesting Agency Information

Date: **9/26/2025**

Agency*: Department of Labor and Industry

Bureau*: Office of Vocational Rehabilitation

Agency Procurement Contact*: Lori A Micheals

Contact Phone #: 717-783-0326 Format : ###-###-####

Contact Email*: Imicheals@pa.gov

Confirm Email*: Imicheals@pa.gov

Contract Administrator*: Rebecca Gardner
This person is the agency's day to day contact for the contract once executed.

Project Title*: 12 IRT Facilitation

Description of Project*

Material Service IT

* For IT-Services and IT Materials, please choose IT

An Integrated Resource Team (IRT) is a group of people who help disabled job seekers make progress along their career journey. The team may consist of family, caregivers, friends, case manager and other support professionals who come together to help these individuals' overcome challenges that impact career goals progress. The result of this collaboration is that the job seeker will earn a stable employment,

Attach Statement of Work (if available)

If requesting DGS lead, attach any SOW related documentation the agency may have. Documents naming conventions should not contain special characters (i.e. -, (), &, etc).

Statement of Work IRT Facilitation_FINAL DRAI

Procurement Lead Request

Project Lead*: We are requesting the following lead this procurement:

DGS/BOP Agency

Justification for Lead*: Agency has led previously.

If approved, the Agency will conduct this procurement in accordance with the Commonwealth Procurement Code (62 Pa. C.S. §101 et seq.) and the policies and procedures within the DGS Procurement Handbook and will post the solicitation to the DGS BOP website.

Anticipated Contract Details

Anticipated Term of Contract/Renewals*: Contract Term: year(s) months

Number of Renewals: ea year(s) (Enter decimal for months, if less then a year enter 0.X where X is the partial amount)

If requesting a term longer than 5 years, must provide a justification as to why a contract term longer than 5 years is beneficial to the Commonwealth

Anticipated Method of Procurement*: [Don't know which one to choose?](#)

IFB ITQ PA RFEI RFP RFQ

Does this procurement fall within the carve-out list for UniqueSource?

Yes No

If yes, or if you believe this may be a potential opportunity for UniqueSource, please contact the DGS Program Manager at RA-uniqueSource@pa.gov to review.

To view the UniqueSource contract **4400004306 - Goods** on eMarketplace, select this [link](#).

To view the UniqueSource contract **4400004695 - Services** on eMarketplace, select this [link](#).

If UniqueSource does not have members able to perform the work, please attach documentation in the Attach Statement of Work

Funding: Please include estimated annual spend and funding source.

<input type="checkbox"/> State		
<input checked="" type="checkbox"/> Federal Subminimum Wage to Competitive Integrated employment-Project InVest federal grant, \$360,000 for the full term		
Fiscal Contact: *	Greg Werstler	
Fiscal Contact Email: *	gwerstler@pa.gov	
Existing Contract Information		
Procurement Method:	<input type="radio"/> IFB <input type="radio"/> ITQ <input type="radio"/> PA <input type="radio"/> RFEI <input type="radio"/> RFP <input type="radio"/> RFQ <input checked="" type="radio"/> New Procurement	
Existing Contract Information:	Contract Number: <input type="text"/>	
	Contract Expires: <input type="text"/> 	
	Annual Spend: <input type="text"/> Please enter a valid currency value.	
Approving Authority		
Approving Authority (Agency Head or Deputy reviewing and approving this request)		
Name: *	Email: *	Date: Sep 26 2025 12:57PM
Lori A Micheals	lmicheals@pa.gov	
<p>If you wish to receive a copy of any future emails associated with this request, including approval/disapproval please provide your e-mail address below and you will receive a copy in addition to the Agency Procurement Person listed above.</p> <p>Please note: Comptroller's Office and BDISBO will always receive a copy of the approval/disapproval email and need not be listed in this area.</p> <p>Add Additional Email</p>		
<p>The printed names on this form shall constitute the signature of these individuals and approval for the Agency request. Agencies must ensure 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 these individuals.</p>		
Save	Print Preview	Submit
By clicking this button, the form will be submitted to DGS.		
E-mail: <input type="text"/>		Send for Internal Approval