

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:	Game Commission		
2. Procurement Description: This description will appear on the eMarketplace website for public viewing	Upgrade fire alarm system at the PGC headquarters office building. This includes replacing the main fire alarm control panel and all initiating device to bring the entire system up to current building code standards		
Materials Description:			
Services Description:	Upgrade fire alarm system at PGC headquarters office building.		
3. Materials Shopping Cart # or Services SPR#	Estimated Cost:	\$100,001 - \$250K	
	Initial Contract Term:	1 year	
	Renewals:	0	
4. Supplier - Name:	Berkshire Systems Group, Inc.		
Full Address:	50 South Museum Road, Reading, PA 19607-2425		
Contact Name:	Kyle Smith		
Telephone:	610-775-1200	FAX:	610-775-3646
E-mail:	ksmith@bsgi.com		
SRM Supplier #:	125369		
5. Delivery or service location:	2001 Elmerton Avenue, Harrisburg, PA 17110		

SECTION B

<input type="checkbox"/> 1. Sole Source: Only known source - Not available from another supplier.
<input checked="" 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 type="checkbox"/> 6. Feasibility: Clearly not feasible to award the contract on a competitive basis.

SOURCE JUSTIFICATION FORM

Bureau of Procurement

SECTION C

1. Describe the unique features of this procurement that prohibit a competitive environment. If applicable, attach a Statement of Work ("SOW").

Berkshire installed the fire alarm system in the original building back in 1987. Berkshire has maintained the fire alarm system for the past 33 years in the building. Maintaining the fire alarm system is the most important component of employee and building safety. Any interruption in this system would jeopardize the safety of the employees working in the building. Allowing a new vendor to do this work would require a "learning curve" which has the potential to shut down the system for a length of time.

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

NA

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

NA

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

The fire alarm system uses a computer software program for control. Components from other vendors may not be compatible with the control system. This could lead to future system failures in an emergency.

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.

It is common standard practice to use the same company who installed the fire alarm system in a building to maintain and upgrade that system if necessary. Berkshire is listed on state contract for this service and has been accomplishing the annual maintenance and inspections since 1987.

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?

NA

7. If this is an upgrade, addition, alteration, etc., to an earlier procurement, please describe in detail.

Replace the main fire alarm control panel as well as all initiating devices (smoke and heat detectors). Replace pull stations to conform to ADA height requirements. Replace all bells and strobes. Add 14 new audible bases in training wing. Add CO detectors in mechanical room. All this work is necessary because old equipment is no longer in production and parts are not available. Portions of the original system have to be upgraded to comply with current building codes.

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

The headquarters of this agency will not be in compliance with current building codes and the safety of the staff working in the building will be in jeopardy.

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

The system should be upgraded as soon as possible to minimize the chances of staff being hurt in a fire.

SOURCE JUSTIFICATION FORM

Bureau of Procurement

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

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

The vendor has provided a signed proposal to do this work at a cost of \$120,082.00

SOURCE JUSTIFICATION FORM

Bureau of Procurement

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:	Tammy Pease	P-Group:		Date:	
Title:		Telephone:		Fax:	

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

Name:	Bobbi Mercer	Title:	Chief - Procurement Section	Date:	10-08-20
Telephone:		Fax:		Email:	bmercer@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:	Daniel Dunlap	Title:	Bur. Director of Admin	Date:	10/13/20
Telephone:	<i>Daniel E Dunlap</i>	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:	