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.

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SECTION A							
1. Agency Name:	Game Commission						
Procurement Description: This description will appear on the eMarketplace website for public viewing	Utility (vendor)is providing communication hardware to be used by our Officer's to allow them access to their computers while on patrol. This is an addition to what we currently have because of new law enforcement positions.						
Materials Description:							
Services Description:							
3. Materials Shopping Cart # or	12674702 Estimated Cost:	\$100k - \$150K					
Services SPR#	Initial Contract Term:	Off Contract					
	Renewals:						
4. Supplier - Name:	Utility Associates						
Full Address:	250 E Ponce De Leon Ave, Ste 700, Decatur, GA 30030						
Contact Name:	Monica Storey						
Telephone:	800-597-4707 FAX:						
E-mail:	mstorey@utility.com						
SRM Supplier #:	384278						
5. Delivery or service location:	PGC, 2001 Elmerton Ave, HBG PA 17110 Attn:BATS						
SECTION B							
☑ 1. Sole Source: Only known source - Not available from another supplier.							
2. Material/Repair/Maintenance: 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.							
- ' '	statute or regulation exempts the procurement from the competitiv procurement from competitive procedures must be attached.	e procedure.					
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").
- 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
- 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?
- 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?
- 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?

This hardware is owned by Utility and they are the only vendor that provides this hardware.	
See attached quote.	
No	
The Agency fleet uses Utilities Rockets to provide communication for dispatch to the vehicles. The Rockets use a proprietary system to provide vehicle location to agency dispatch centers.	
These need to be compatible with other Rocket's still in use. PO 4300596821 These need to be compatible with other Rocket's still in use.	
N/A	
We are adding 50 new law enforcement positions to our fleet and the Rockets allow our Law Enforcement Officer's access to their computers while they are working in the field.	
This hardware is crucial to the safety of our Law Enforcement	

Officer's. Without the location device our officers are at risk since

Yes, we have vehicles that need this item installed for the Law

These Rockets are used to track and communicate with

our Law Enforcement Officer's while they patrol their

the majority of encounters possess weapons.

districts for their safety.

N/A

Enforcement Officer's to perform their daily duties.

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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 w	hom DGS will c	ontact regarding the Shoppi	ng Cart):	
Name:	Terí Hoover	P-Group:	705323 / 270	Date:	09/14/22
Titles	Administrative Assistant	Telephone:		Fax:	
Agency Contact	Person: Person in your ago	ency that DGS ca	an contact for additional infor	nation, etc.	
Name:	Susan Young	Title:	PC Support	Date:	09/14/22
Telephone:		Fax		Email:	suyoung@pa.gov
	ority (Agency Head or De		and approving this request)	: Approving A	thority connotes
Name:	Daniel Dunlap	Title:		Date:	9-15-22
Telephone:	2 ansag	Fax			
Additional App	rovals (if required by Ager	ncy):			
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email	
Name:		Title:		Date:	
Telephone:		Faxo		Email:	
Name:		Title:		Date:	
Telephone:		Faxt		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Titles		Dates	
Telephone:		Fax		Email:	
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