

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.

SECTION A

1. Agency Name:	Game Commission		
2. Procurement Description: This description will appear on the eMarketplace website for public viewing	Embroidery		
Materials Description:			
Services Description:	Embroidery of Non law clothing		
3. Materials Shopping Cart # or Services SPR#	yes	Estimated Cost:	\$5K - \$10K
		Initial Contract Term:	1 year
		Renewals:	4
4. Supplier - Name:	TD Mills		
Full Address:	1020 Cocoa Avenue, Hershey PA 17033		
Contact Name:	Tom Garman		
Telephone:	717-500-5312	FAX:	
E-mail:	tomgarman@tdmills.com		
SRM Supplier #:	528325		
5. Delivery or service location:	Harrisburg		

SECTION B

<input checked="" 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 checked="" 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").

PGC has requested samples for the embroidery of the PGC logo from many vendors, including Unique Source and PCI. No vendors can provide our logo with clarity and detail as TD Mills.

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

PGC received many samples of the PGC logo, and no other vendors could duplicate the detail and clarity that TD Mills can.

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

No

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

Yes, PGC has already received non law clothing with this logo on and would like to continue with the same logo for all non law clothing.

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.

PO 4300715571

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.

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

Yes, clothing will not have the same logo and will not look uniform, we would like to have all clothing with the exact same logo

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

Yes, clothing is being received and we need to cover the payments for the embroidery, heat seals and patch for hats.

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

Over the past 3 years, PGC has been working with vendors on contract and off to provide a logo that is clear and detailed.

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

NA

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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:	Joan Dehart	P-Group:	270	Date:	01-12-23
Title:	Administrative Assistant	Telephone:		Fax:	

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

Name:	Bobbi Mercer	Title:	Procurement Specialist	Date:	01-12-23
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:		Title:		Date:	
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:	