

# 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

<b>1. Agency Name:</b>	Pennsylvania Game Commission		
<b>2. Procurement Description:</b> This description will appear on the eMarketplace website for public viewing	Avenza Map Pro is an offline mobile mapping app used by various PGC staff. Mainly Prescribed Burn Crew and Biologist that work in specific areas of State Game Lands in remote locations that need the maps that were added by our staff.		
Materials Description:			
Services Description:			
<b>3. Materials Shopping Cart # or Services SPR#</b>	Estimated Cost:	\$10,001 - \$50K	
	Initial Contract Term:	1 year	
	Renewals:	4 years	
<b>4. Supplier - Name:</b>	Avenza Systems Inc		
Full Address:	C/O TX4197, PO BOX 4621, STN A, Toronto ON M5W 0K2		
Contact Name:	Mike Kendall / Shermeine Esplana		
Telephone:	207-622-4622	FAX:	
E-mail:	sales@avenza.com		
SRM Supplier #:	05282026AVMAPAPP		
<b>5. Delivery or service location:</b>	David Till, BATS, PA Game Commission, 2001 Elmerto		

## SECTION B

<input type="checkbox"/> <b>1. Sole Source:</b> Only known source - Not available from another supplier.
<input checked="" type="checkbox"/> <b>2. Material/Repair/Maintenance:</b> Material or service MUST be compatible with existing equipment. Documentation must be provided from the manufacturer.
<input type="checkbox"/> <b>3. Used Equipment:</b> Value set by 2 independent 3rd party appraisals.
<input type="checkbox"/> <b>4. Professional Expert:</b> Describe in detail in Section C.
<input type="checkbox"/> <b>5. Exempt (Law):</b> 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"/> <b>6. Feasibility:</b> 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").**

Avenza provides critical offline geospatial visualization, navigation, and data collection capabilities required for field operations conducted in areas without cellular coverage. The software is widely used by Search and Rescue units, wildfire response teams, and prescribed fire personnel to record, share, and update spatial information in real time. Although other applications offer limited offline features, they do not provide the extensive map gallery or the breadth of readily accessible, high quality cartographic products available through Avenza.

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

Avenza is not the only source for offline capable maps, but it's the only one that includes a tracking feature in an offline environment. Online searches of other related products do not meet the same quality standards and functionality as Avenza.

**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.**

Yes, Our GIS Team creates the maps that are consumed in Avenza by field staff in this app & has been used heavily since 2018 with annual renewals with options to renew with all parties' agreement for an additional 4 years.

**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.**

Previously paid with P-Card because the cost was under \$10K.

**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.**

This is a continuation of a MOBILE Mapping APP that provides critical maps consumed by Avenza that allow our staff to perform vital functions offline during their day-to-day job duties on SGLs. The GIS team provides the maps that are loaded to the mobile app only available through Avenza's unique app.

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

our organization has accumulated substantial operational data within the Avenza environment. Transitioning this information to an alternative platform would require significant time and resources.

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

A lapse in service will disrupt ongoing field activities and introduce operational risk to some of our most dependent programs (i.e wildland fire safety). For these reasons, Avenza remains the most effective and efficient solution to meet mission requirements.

**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):

<b>Name:</b>	Teri Hoover	<b>P-Group:</b>	705323	<b>Date:</b>	05-28-26
<b>Title:</b>	Administrative Assistant	<b>Telephone:</b>		<b>Fax:</b>	

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

<b>Name:</b>	Bobbi Mercer	<b>Title:</b>	Procurement Specialist 3	<b>Date:</b>	05-28-26
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	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.

<b>Name:</b>		<b>Title:</b>	Director of Admin Svcs	<b>Date:</b>	05/29/26
<b>Telephone:</b>		<b>Fax:</b>			

### Additional Approvals (if required by Agency):

<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
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<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	