

**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>  | All Using Agencies   |                               |                  |
| <b>2. Procurement Description:</b><br>This description will appear on the eMarketplace website for public viewing | Big Game Scoring Program Coordinator   |                               |                  |
| <b>Materials Description:</b>   |  |                               |                  |
| <b>Services Description:</b>  | Enters data, takes phone calls, responds to emails & coordinates the Big Game Scoring Program. |                               |                  |
| <b>3. Materials Shopping Cart # or Services SPR#</b>  | yes  | <b>Estimated Cost:</b>        | \$10,001 - \$50K |
|   |  | <b>Initial Contract Term:</b> | 1 year           |
|   |  | <b>Renewals:</b>              | 1 year           |
| <b>4. Supplier - Name:</b>  | Robert D'Angelo  |                               |                  |
| Full Address:   | 1627 Fountain Rock Drive, Dover, PA 17315  |                               |                  |
| Contact Name:   | Robert D'Angelo  |                               |                  |
| Telephone:  | 717-580-6361   | FAX:                          |                  |
| E-mail:   | c-rdangelo@pa.gov  |                               |                  |
| SRM Supplier #:   | 560925   |                               |                  |
| <b>5. Delivery or service location:</b>   | PA Game Commission, 2001 Elmerton Ave, Harrisburg  |                               |                  |

**SECTION B**

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

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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>  | Patricia Monk            | <b>P-Group:</b>   | 270 | <b>Date:</b> | 12-10-24 |
| <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> | Chief, Contracts & Procurement D | <b>Date:</b>  | 12-10-24       |
| <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>      | <i>RS Allen</i> | <b>Title:</b> | <i>ADMIN DIRECTOR</i> | <b>Date:</b> | <i>12-11-24</i> |
| <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>  |  |
| <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> |  |