

# 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	supply, pack, and ship archery kits to DCNR recipients of explore bowhunting program		
<b>Materials Description:</b>			
<b>Services Description:</b>	See attached SOW		
<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>	3 Years
<b>4. Supplier - Name:</b>	Lancaster Archery Supply		
Full Address:	21 Graybill Road Leola PA 17540		
Contact Name:	Trey Bruggeman		
Telephone:	717-656-7229	FAX:	
E-mail:	treybruggeman@lancasterarchery.com		
SRM Supplier #:	564991		
<b>5. Delivery or service location:</b>			

## 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 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").**

See attached SOW

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

Of the contacted suppliers, this supplier meets the necessary requirements of ordering, packing, and shipping equipment kits to DCNR for the duration of the contracted program

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

Yes, company allows orders through verified dealers for different levels of pricing

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

Yes, supplier agreement for a 3 year period

**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.**

In the past when this grant was awarded to us for DCNR archery kits, Kinsey's was our supplier through FC 4000022010

**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.**

N/A

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

Inability to supply necessary equipment for grant approved program for the duration of the contract

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

Awarded grant monies were sent FY 24/25 for the supply of kits through FY 26/27

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

See attached

**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>	Derek Deibler	<b>P-Group:</b>	270	<b>Date:</b>	05-14-25
<b>Title:</b>	Purchasing Agent Supervisor	<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	<b>Date:</b>	05-14-25
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	bmerc@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>	Eric Allen	<b>Title:</b>	Director of Administrative Services	<b>Date:</b>	05-14-25
<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>	
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