

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	Brochure Distribution		
Materials Description:			
Services Description:	See attached statement of work		
3. Materials Shopping Cart # or Services SPR#	12925394	Estimated Cost:	\$18,720.00
		Initial Contract Term:	9/1/2025 - 8/31/2026
		Renewals:	
4. Supplier - Name:	Pennsylvania on Display		
Full Address:	147 Arrowhead Drive, Manheim, PA 17545		
Contact Name:	Teresa Crawford		
Telephone:	717-653-8070	FAX:	717-653-4808
E-mail:	tcrawford@getawaysondisplay.com		
SRM Supplier #:			
5. Delivery or service location:	Pennsylvania Game Commission, 2001 Elmerton Avenue, Harrisburg, PA 17110		

SECTION B

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

Department of General Services

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.

PA on Display is the only vendor that prints these materials

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.

N/A

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.

N/A

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?

The consequences of not approving this procurement is that the agency will miss out on sharing our message and branding with hundreds of thousands of visitors to these visitor centers.

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

N/A

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

PA On Display provides the unique service of placing branded materials in over 50 visitor centers across the state of PA.

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

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breakdown attached?

Bureau of Procurement

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:	Danielle Miller	P-Group:		Date:	2/25/25
Title:	Administrative Assistant	Telephone:		Fax:	

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

Name:	Jacob Weber	Title:	Marketing Division Chief	Date:	2/25/25
Telephone:	717-787-4250 Ext 73333	Fax:		Email:	jacweber@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:	Eric B. Allen	Title:	Director Admin Services	Date:	02-26-25
Telephone:		Fax:			

Additional Approvals (if required by Agency):

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Name:		Date:
Telephone:	Fax:	Email:
Name:		Date:
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Name:	Title:	Date:
Telephone:	Fax:	Email:
Name:	Title:	Date:
Telephone:	Fax:	Email:
Name:	Title:	Date:
Telephone:	Fax:	Email: