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:	All Using Agencies	
Procurement Description: This description will appear on the eMarketplace website for public viewing	Fabricated Bear Traps, design and build per PGC specs & vendor s	pecs
Materials Description:		
Services Description:	Fabricated Bear Traps	
3. Materials Shopping Cart # or Services SPR#	Estimated Cos Initial Contract Tern Renewal	1 year
4. Supplier - Name:	Spring Bank Welding	
Full Address:	127 Welding Dr	
Contact Name:	David Yoder	
Telephone:	814-349-8013 FAX	:
E-mail:	SPRINGBANK@PLAINCONNECT.COM	
SRM Supplier #:	559791	
5. Delivery or service location:	Harrisburg, PA	
	SECTION B	
1. Sole Source: Only known source -	Not available from another supplier.	
	aterial or service MUST be compatible with existing equipment	. Documentation
must be provided from the manufacturer.		
3. <i>Used Equipment</i> : Value set by 2 i	ndependent 3rd party appraisals.	
4. Professional Expert: Describe in	detail in Section C.	7 %- 98
• • • •	statute or regulation exempts the procurement from the competitive procurement from competitive procedures must be attached.	tive procedure.
☐ 6. Feasibility: Clearly not feasible to	o award the contract on a competitive basis.	

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SECTION C

- Describe the unique features of this procurement that prohibit a competitive environment. If applicable, attach a Statement of Work ("SOW").
- Document and attach the research that has been conducted to date to verify the supplier is the only known source.
- 3. Does the supplier utilize distributors, dealers, resellers, etc.? If "Yes," please identify.
- 4. Are there compatibility requirements or compliance requirements with a warranty or service agreement? If "Yes," please explain.
- How has the material or service been procured in the past? Please provide previous source justifications, contracts, & PO's for this material or service.
- 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?
- If this is an upgrade, addition, alteration, etc., to an earlier procurement, please describe in detail.
- 8. What are the consequences of not approving this procurement?
- 9. If timing is a factor, what is the time factor and why?
- 10. List any other information relevant to the acquisition of this procurement here or as an attachment.
- 11. For requests > \$100,000, has the supplier signed cost or pricing data certification and is the pricing breakdown attached?

This style trap is not produced commercially and is available only through custom fabrication. Several aspects of fabrication are critical to proper function and animal and employee safety.

This vendor has made improvements to the trap over the years that were not part of the original plans provided by the PGC making the trap safer.

NA

Yes, the new traps have to be the same as PGC previously purchased from this vendor.

Yes, traps were purchase with a pcard and a PO in the past from this vendor. PO 430065041

NA

No this will be a new procurement.

Yes, the vendor has experience in fabrication of the traps and has been able provide traps of exceptional quality. The vendor is located in central vendor making their location accessible from all 6 regions. These traps are needed for public and animal safety.

Yes, these traps are needed to trap bear that become a public threat.

The vendor has extensive experience in building this particular trap and has been able to provide the agency with bear traps in a reasonable amount of time and price.

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.

be considered	a signed by those maivid	idais Wilose II	ames appear in the signati	are section of the form.
Shopping Cart	Contact Person (Person wh	om DGS will c	ontact regarding the Shopp	ing Cart):
Name:	Bobbi Mercer	P-Group:	270	Date: 04-29-24
Title:	Procurement	Telephone:		Fax:
Agency Contact	Person: Person in your age	ncy that DGS ca	an contact for additional info	rmation, etc.
Name:	Bobbi Mercer	Title:	Procurement Specialist	Date: 04-29-24
Telephone:		Fax:		Email: bmercer@pa.gov
	nority (Agency Head or De ource justification and the co): Approving Authority connotes
Name:	Daniel & Thinly	Title:	Admin Diverton	Date: 4/29/24
Telephone:		Fax:		
Additional App	rovals (if required by Agen	ıcy):		
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:
Name:		Title:		Date:
Telephone:		Fax:		Email: