SOLE SOURCE FACT SHEET AND CHECKLIST FOR CONSTRUCTION

This form must be ***electronically*** completed, ***signed and submitted to the Department of General Services*** when making sole source requests for construction. If a question is not applicable, please indicate N/A. Use layman's terms and avoid jargon and the use of acronyms.

Application of the printed names of the person completing the form and the agency head or deputy in the boxes provided on the 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 at the bottom of the form where indicated. No handwritten signature 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.

Department: DGS

Contract No.: 577-36, Phase 10

Estimated Total Dollar Amount of Order/Contract: $312,000

Contractor's Name: Cyprium Solutions

Contractor's Address: 6069 Main Street, East Petersburg, PA 17520

Contractor's Vendor Number: ____

Contractor's Contact Person: Joshua Landis

Contractor's Contact Telephone No.: 717-519-6600

Location Where Service is to be Performed: SCI Phoenix, Montgomery County

1. Please check the reason(s) for this request:

   a. Only Single contractor is capable of providing the construction.
      Only known source - similar construction not available from another contractor.
      Construction must be provided by contractor to ensure compatibility.
      Supply must be compatible with existing equipment.

   b. A federal or state statute or federal regulation exempts the construction from the competitive procedure.

   c. The contract for construction is in the best interest of the Commonwealth.

   Note: The checklist by itself is not sufficient justification for sole source procurement. (The agency must provide written justification that one of these conditions exists and include it in the contract file.)

2. Briefly describe the construction items you are requesting and their function.

   Demolish smoke detectors located within ductwork with detectors located outside ductwork.

3. Describe the unique features/compatibility of the construction items that precludes competitive procurement.

   The work would normally have been completed with the original prime contractor, but due to on-going litigation, the Commonwealth ceased issuing change orders, negating any possibility of resolving the situation during the original construction period. The delay in modifying the detector location is causing excessive false fire alarms within a fully occupied prison facility, creating an urgency with regard to completing the retrofit work. This factual scenario (not being able to issue a change order to the original contractor) is unique and will not be repeated on any other DOC project.

4. What research has been done to verify the contractor as the only known source?

We attempted to obtain pricig from a Job Order Contracting contractor but were unable to finalize an agreement.

5. Does the contractor have any distributors, dealers, resellers, etc., that can perform the construction item?

Yes. Please attach a list of known sources.
No.

6. Must this construction item be compatible with present inventory/equipment or in compliance with the manufacturer's warranty or existing service agreement? If yes, please explain.

Yes. The existing ductwork detectors will be removed and new detectors outside the duct will be programmed to function within the Building Automation Control system.

7. What are the future consequences of the procurement? That is, once this procurement is approved and processed, what additional upgrades, additions, supplies, services, etc., are anticipated/projected over the useful life of this item?

Once installed, the work will be covered by a performance bond and manufacturer's warrenty.

8. If this is an upgrade, addition, alteration, etc., to an existing construction item, how was the original item procured (sole source or competitive)? What additional, related, sole source procurements have occurred since the initial procurement? Please identify the previous purchase order or contract number(s).

The original contract was competitively procured through a design/build RFP. There have not been any other sole source procurements.

9. How has this construction been procured in the past? (Competitive sealed bidding, competitive sealed proposals, sole source, other). Please provide document numbers.

The original detectors were procured as part of the overall mechanical and electrical package of the RFP. Issues discovered during construction and occupancy would have been addressed through a change order to the original contractor.

10. What are the consequences of not procuring this specific construction item?

Continued false alarms on an almost daily basis in a prison facility currently housing almost 4,000 inmates.

11. If timing is a factor, who established the time frame and why?

The inability of the original detectors to operate properly is dictating the urgent nature of the solution.

12. What are the consequences of not procuring this specific construction item within the established time frame?

Continued false alarms are irritating a population not inclined to react well to anger. Continued false alarms have the potential to de-sensitize the facilities personnel to these alarms, creating the potential for a lack of urgency if there is an actual fire situation.

13. How long has the agency known that the construction was needed and why wasn't the contract process started earlier?

Resolution of litigation with the original contractor delayed implementation of a solution. The funds to pay for the retrofit/modifications is coming from money left in the contractor's retainage as agreed to in the settlement between the parties.

14. List any other information relevant to the acquisition of this construction item (attach additional 8-1/2" x 11 sheets, if necessary). See Attachment.

Signature of person completing form:

_____ Title: Deputy Secretary for Public Works

(Print Name of person completing form)

Date: 5-27-2020 Phone No.: 717-712-8216

Signature of Approving Authority:

_____

Date: _____

(Print Name of Agency Head or Deputy who has reviewed and approved this request)