## State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

| N. S. Carlotte, Mr. P. |   | PA                 | RT I: OV                   | ERVIEW      |                                      |                                   | 門。於計畫的是   |
|---|---|--------------------|----------------------------|-------------|--------------------------------------|-----------------------------------|-----------|
| Department Office/Division/Program:   |   |                    | Maintenance and Operations |             |                                      |                                   |           |
| Department Contract Administrator or<br>Grant Coordinator:  |   |                    | Scott Gray                 |             |                                      |                                   |           |
| (If applicable) D   | epart                                   | ment Reference #:  |                            |             |                                      |                                   |           |
| Amount:<br>Contract/Amendment/Grant)  |   | \$ 45,800.07       | Advantage                  |             | e CT / RQS #:                        | CT / RQS #: RQS 17A 20201026*0047 |           |
| CONTRACT  | Pr                                      | oposed Start Date: | 8/24/20                    |             | Proposed End Date:                   |                                   | 1/31/2021 |
| AMENDMENT   | Original Start Date: Previous End Date: |                    |                            |             |                                      | ctive Date:                       |           |
| GRANT   | Project Start Date: Project End Date:   |                    |                            |             | Grant Start Date:<br>Grant End Date: |                                   |           |
| Vendor/Provider/Gra   | ntee                                    | Name, City, State: | Creative                   | Office Pavi | ilion, Portland, M                   | laine                             |           |
| Brief Description of Goods/Services/Grant:  |   |                    | Plexiglass wall panels     |             |                                      |                                   |           |

|   | PART II: JUSTIFIC                 | ATION FO | R VENDOR SELECTION               |  |  |  |
|---|-----------------------------------|----------|----------------------------------|--|--|--|
| Mark an "X" before the justification(s) that applies to this request. (Check all that apply.) |                                   |          |                                  |  |  |  |
|   | A. Competitive Process            |          | G. Grant                         |  |  |  |
|   | B. Amendment                      | х        | H. State Statute/Agency Directed |  |  |  |
| x   | C. Single Source/Unique Vendor    |          | I. Federal Agency Directed       |  |  |  |
|   | D. Proprietary/Copyright/Patents  |          | J. Willing and Qualified         |  |  |  |
|   | E. Emergency                      |          | K. Client Choice                 |  |  |  |
|   | F. University Cooperative Project |          | L. Other Authorization           |  |  |  |

## PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

 Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

Wall panels providing a social barrier during the COVID-19 pandemic. The plex-glass panels will be installed between employee's office cubicles

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| PART III: SUPPLEMENTAL INFORMATION                                       |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| 2. Provide a brief justification (                                       | for the selected vendor to supplement the response in Part II.               |  |  |  |  |  |
| Creative Office supply's propriety furniture we currently have installed | office furniture equipment. The panels purchased thru our vendor fit the ed. |  |  |  |  |  |
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| to grantee.  | costs or rates are fair and reasonable; or how the funding was allocated     |  |  |  |  |  |
|  |  |  |  |  |  |  |
| NA   |  |  |  |  |  |  |
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| 4. Describe the plan for future competition for the goods or services.   |  |  |  |  |  |  |
| To be bid and added under one of   | the furniture suppliers' contract.   |  |  |  |  |  |
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|  | PART IV: APPROVALS   |  |  |  |  |  |
| Signature of requesting  | By signing below, I signify that I approve of this procurement request.      |  |  |  |  |  |
| Department's Commissioner (or designee):                                 | 16/1.9/1/1/  |  |  |  |  |  |

NOI 1120201031 11/12/2020 - 11/18/2020 COVID

11/12/2020

Date:

Date:

Printed Name: Bruce A. Van Note

William Allen

Signature of DAFS

**Printed Name:** 

**Procurement Official:**