



## PROCUREMENT JUSTIFICATION FORM (PJF)

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 intranet site (Forms page) for additional instructions.*

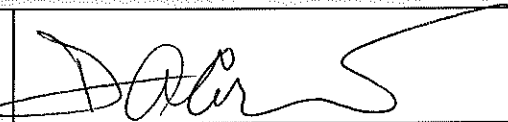
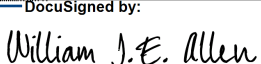
Department Office/Division/Program:		Judicial Branch/Facilities	
Department Contract Administrator or Grant Coordinator:		Kevin Fogg	
(If applicable) Department Reference #:		HEPA filters	
Amount: (Contract/Amendment/Grant)	\$ 8791.35	Advantage CT / RQS #:	20220112*0790
<b>CONTRACT</b>	Proposed Start Date:		Proposed End Date:
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maine Real Estate Management	
Brief Description of Goods/Services/Grant:		HEPA filters for Lewiston DC	

Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input checked="" type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p> <p>HEPA filters purchase needed for Lewiston DC in response to pandemic.</p>
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p> <p>this was the only vendor able to get the size we needed in the timeframe we needed them that our searches could find.</p>
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p> <p>The vendor used was the only one we could find that carried the proper size and HEPA grade filter we needed for our rooftop HVAC units. The funds will be supplied by Judicial Branch Facilities budget.</p>
<p>4. Describe the plan for future competition for the goods or services.</p> <p>We will select the lowest priced units that also meet all our requirements. This is a product not a service.</p>

<p>Does this request utilize ARPA/MJRP funds?</p> <p><input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).</p> <p><input checked="" type="checkbox"/> No – If No, proceed to Part V.</p>
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<p>The signatures below indicate approval of this procurement request.</p>			
<p>Signature of requesting Department's Commissioner (or designee):</p> 			
<p>Typed Name:</p>	<p>Dennis Corliss</p>	<p>Date:</p>	<p>1/7/2022</p>
<p>Signature of DAFS Procurement Official:</p> 	<p><small>DocuSigned by:</small></p>		
<p>Typed Name:</p>	<p><small>2D5B8E39F57E44A...</small> William J.E. Allen</p>	<p>Date:</p>	<p>1/18/2022</p>

NOI 0120220048 01/18/2022 - 01/24/2022