



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.

PART I: OVERVIEW			
Department Office/Division/Program:		Department of Administrative and Financial Services/Bureau of General Services	
Department Contract Administrator or Grant Coordinator:		Jill Instasi, BGS Senior Project Manager	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 14,196	Advantage CT / RQS #:	
CONTRACT	Proposed Start Date:	1/21/2022	Proposed End Date: 2/28/2022
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Paul White Company, Portland, ME VC1000071415	
Brief Description of Goods/Services/Grant:		New LVT Flooring	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
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 checked="" 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.

PART III: SUPPLEMENTAL INFORMATION

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

In dealing with a health and safety issue concerning mold at our 32 Blossom Lane, Augusta State Owned building we have been looking at replacing some impacted carpeting in lieu of cleaning it. We would like to have a Luxury Vinyl Tile floor installed which will reduce/eliminate any future mold growth concerns. The Paul White Company has the flooring we need in-stock and they are readily available to assist.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The State of Maine, Bureau of General Services, has worked with Paul White Flooring on many projects and they are a local highly qualified flooring vendor. They understand what the State Standards are regarding flooring.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

We believe the costs are fair and reasonable based on similar project scopes.

4. Describe the plan for future competition for the goods or services.

We plan on registering the Paul White Company in the Self-Service Vendor system so that competitive quotes can be received in the future. In this specific project case the flooring issue is an emergency as it is impacting DMR daily operations and we need it completed ASAP. Currently their lobby is closed.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

David Clark

1.14.22

Date:

DocuSigned by:

Signature of DAFS Procurement Official:	<i>William J.E. Allen</i> 2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	1/27/2022

NOI 0120220089 01/27/2022 - 02/02/2022