



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

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:		Administrative office of the Courts	
Department Contract Administrator or Grant Coordinator:		Kevin Fogg	
(If applicable) Department Reference #:		Lewiston HVAC	
Amount: (Contract/Amendment/Grant)		\$ 9998.93	Advantage CT / RQS #: RQS 20230109*840
CONTRACT	Proposed Start Date:	12/6/2022	Proposed End Date: 12/9/2022
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:		Trane	
Brief Description of Goods/Services/Grant:		HVAC repair	

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 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.

HVAC equipment had A VFD (Variable Drive unit) fail on AC-2 unit

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

Trane were the only ones able to repair this equipment at this time and work off-hours to get it running acceptably. Trane is the manufacturer of this HVAC equipment and had the parts on hand so the building could stay open.

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

Emergency breakdowns required us to get the most knowledgeable, familiar, and one who could meet the timeline demands, that we could get considering the circumstances presented to us.

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

In emergency situations, we call the vendor that best fits the situation presented at that time

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

Does this request utilize ARPA/MJRP funds?

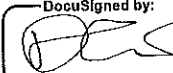
Yes – If Yes, please attach the approved Business Case(s).

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):

DocuSigned by:

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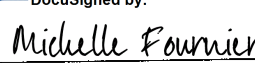
Typed Name:

Dennis Corliss

Date:

1/6/2023
tap to enter
a date.

Signature of DAFS
Procurement Official:

DocuSigned by:

066BBD96EE5347F...
Michelle Fournier

Typed Name:

Michelle Fournier

Date:

1/12/2023