



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:		Defense, Veterans and Emergency Management Military Bureau – Camp Keys	
Department Contract Administrator or Grant Coordinator:		Ken Merrifield Sara Thompson, Contract Grant Specialist	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$172,500.00	Advantage CT / RQS #:	15A 20230103*1793
CONTRACT	Proposed Start Date:	1/1/2023	Proposed End Date: 4/30/2023
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:		McGee Construction LLC West Gardiner, ME	
Brief Description of Goods/Services/Grant:		Snow Plowing Services for Camp Keys	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input checked="" 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.

Snowplowing and surface treatment at Camp Keyes are necessary for staff to access the facility safely, for operational purposes. The facility does not have the manpower to perform this service itself.

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

Snowplowing for Camp Keyes in Augusta was put to RFP 2 times the last one being RFP 221024\*0O94 but there were no successful bidders. We now have a quote and we are now looking to put a contract in place for snowplowing for this season which has already begun.

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

Based on what we pay at other facilities, we find this price to be fair and reasonable.

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

We will follow all State rules and regulations.

### 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:

*Scott A. Young*

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Typed Name:

Scott A. Young, Deputy Commissioner.

Date:

04 January 2023

Signature of DAFS  
Procurement Official:

DocuSigned by:

*Sue H. Garcia*

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Sue H. Garcia

Typed Name:

Date:

1/20/2023