



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 #: | | | |
| Amount: (Contract/Amendment/Grant) | \$ 15,535 | Advantage CT / RQS #: | |
| CONTRACT | Proposed Start Date: | 7/1/2022 | Proposed End Date: 11/30/2022 |
| 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: | | Maine Real Estate Management LLC Bangor, ME | |
| Brief Description of Goods/Services/Grant: | | Property Management for OCCH | |

| 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 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.

Property Management was needed for this new Courthouse until a new RFP could be out in place and a permanent Vendor was identified. These services have already been rendered.

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

MREM could provide a technically sound person required for this position when we needed them and was the only company familiar enough with the building to start immediately. MREM had employees that were already security checked and familiar with the Courts so MREM could provide a service in the timeliest manner possible for this circumstance as compared to another company. This was a service that required part-time manpower for a short time period while RFP was put in place yet required a particular skill set.

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

Costs for this were based on the industry's going rates as we have many buildings with property management contracts and the costs fit within all those rates.

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

Building Management at this location has since gone out to public bid and had a winning bid identified and selected. This will be the process used in identifying coverage for this building.

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

Does this request utilize ARPA/MJRP funds?

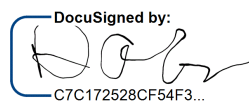
Yes – If Yes, please attach the approved Business Case(s).

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:

C7C172528CF54F3...

Typed Name: Dennis Corliss

Date: 1/17/2023

Signature of DAFS
Procurement Official:

DocuSigned by:

066BD06EE5347E...

Typed Name: Michelle Fournier

Date: 1/24/2023