



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:		MaineDOT Region 5	
Department Contract Administrator or Grant Coordinator:		Keith Richards	
(If applicable) Department Reference #:		T21-140	
Amount: (Contract/Amendment/Grant)	\$ 15,175.36	Advantage CT / RQS #:	20231222000000000909
CONTRACT	Proposed Start Date:	8/21/2023	Proposed End Date: 10/15/2023
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:		Beauregard	
Brief Description of Goods/Services/Grant:		Transmission replacement T21-140	

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.

The operator of backhoe (T21-140) reported to the mechanic that it would not go into gear and wouldn't move forward or backwards. The Mechanic verified the transmission oil level and found the instrument cluster had an illuminated transmission warning light. The fault code was identified as transmission rail position switch. Mechanic performed testing with dealer's recommendations to transmission electrical components, concluded to a bad transmission. The choice to send the repairs to a commercial vendor was made. Beaugard tested the pump pressure, result was a bad pump with low pressure causing the rail position code. The decision to move forward to replace transmission with a remanufactured transmission was made consistent with Maine DOT Fleet Management's guidance considering the vehicle's age, mileage, and the fact this backhoe is not on the replacement schedule. The estimated replacement cost for this vehicle is \$135,000. The decision to use a commercial repair facility was made due to the depth of experience needed.

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

The decision to use a commercial repair facility was made due to the depth of experience needed. The vendor for this work has a Case trained tech along with all the special tools to diagnose and fix repairs.

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

Beaugard has been a vendor for Fleet for many years. They keep up to date with training and diagnostic equipment, providing an efficient and reliable service in the area. They are able too efficiently and cost effectively do a repair of this significance.

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

If we could convince more Case dealers and service facilities to move into more locations in the state it would potentially foster better competition.

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

Does this request utilize ARPA/MJRP funds?

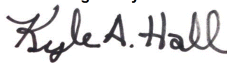
Yes – If Yes, please attach the approved Business Case(s).

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:  
  
51BA1171F8B9463...

Typed Name:

Kyle Hall, Director Maintenance &  
Operations

Date:

12/21/2023

**Procurement Justification Form (PJF)**

Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> <small>2D5B6E39F57E44A...</small>		
Typed Name:	william J.E. Allen	Date:	1/4/2024

NOI 0120240021 01/05/2024 - 01/11/2024