



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:		DAFS/BGS/Central Fleet Management (CFM)	
Department Contract Administrator or Grant Coordinator:		Mark Bailey	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$387,144	Advantage CT / RQS #:	RQS18P2024011800000000999
CONTRACT	Proposed Start Date:	1/18/2024	Proposed End Date: 3/31/2024
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:		McGovern Municipal HQ , Framingham, MA	
Brief Description of Goods/Services/Grant:		1 - 2023 Toyota Sienna 8 Passenger Hybrid AWD Vans 9 - 2024 Toyota Sienna 8 Passenger Hybrid AWD Vans	

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.

CFM has an immediate need for these **hybrid** AWD mini vans to replace older high mileage non-hybrid mini vans across many agencies in State government. We have over 25 mini vans in the fleet with more than 130,000 miles. We would like to take advantage of this offer before the vehicles are sold to another entity.

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

We have submitted four solicitations for bids and no bids have been received for any mini vans. No mini vans have been bid over the past several years creating the large number of them exceeding 130,000 miles. McGovern Municipality HQ has confirmed possession of some of these units with others in transit to their location. McGovern has determined they can deliver the units by the end of March 2023.

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

The quoted prices from McGovern, delivered to us at 66 Industrial Drive are more than \$2,500 below retail per unit. Most current vehicle pricing below retail is deemed to be value pricing. We have adequate financing available to purchase these units.

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

When specifications and pricing are available and supply chain issues improve, we plan to competitively bid for these type vehicles and include EV, PHEV and Hybrid requests.

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: <i>David Morris</i> 2A644AF5681F482...		
Typed Name:	David Morris	Date:	1/18/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> 2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	1/19/2024

NOI 0120240065 01/19/2024 - 01/25/2024