



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.


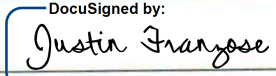
PART I: OVERVIEW			
Department Office/Division/Program:		Secretary of State, Bureau of Motor Vehicles	
Department Contract Administrator or Grant Coordinator:		Cathie Curtis, Deputy Secretary of State	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$6,025.00	Advantage CT / RQS #:	2024012200000001018
CONTRACT	Proposed Start Date:	1/22/2024	Proposed End Date: 3/30/2024
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:		JR Wald 10576 Fairgrounds Rd Huntingdon, PA 16652	
Brief Description of Goods/Services/Grant:		Repair of plate shop oven	

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 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.	The oven at the Plate Shop is our only means to dry the ink on the license plates. It is currently shutting off every 3 days. We need the manufacturer of the oven to assess and resolve the issue.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The selected vendor is the manufacturer of the oven and the only one who can do the repairs needed.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	This is a sole source request due to the fact the vendor selected is the manufacturer of the equipment.
4. Describe the plan for future competition for the goods or services.	If future work does not require it to be done by the manufacturer we will submit it out to bid.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):			
Typed Name:	David Lachance	Date:	1-24-24
Signature of DAFS Procurement Official:			
Typed Name:	Justin Franzose	Date:	1/25/2024