



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: | | Maine Judicial Branch Facilities | | |
| Department Contract Administrator or Grant Coordinator: | | Kevin Fogg | | |
| (If applicable) Department Reference #: | | | | |
| Amount: (Contract/Amendment/Grant) | | \$ 6,514.84 | Advantage CT / RQS #: | 20240118*1004 |
| CONTRACT | Proposed Start Date: | 10/25/2023 | Proposed End Date: | 11/29/2023 |
| 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: | | Quikserve Plumbing and Heating, Sebattus, ME | | |
| Brief Description of Goods/Services/Grant: | | Repair of autoflush sensors in bathrooms | | |

| 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 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.

Power surge at West Bath Court House knocked out auto flush sensors through multiple bathrooms. Replacement of all sensors with manual valves for same day operating. Returned to replace auto flush sensors upon receiving parts.

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

Provider was able to provide same day service.

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

Costs were within Market Rate.

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

Plumbing services will be put out for PQVL within the 2024 calendar year.

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

Does this request utilize ARPA/MJRP funds?



Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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:  <small>755F066F9C634D0...</small> | | | 1/18/2024 |
| Typed Name: | Connor Smith | Date: | | |
| Signature of DAFS Procurement Official: | DocuSigned by:  <small>2D5B6E39F57E44A...</small> | | | |
| Typed Name: | William J.E. Allen | Date: | 1/31/2024 | |

NOI 0120240114 01/31/2024 - 02/06/2024