



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 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:	Beverly Campbell		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$23,361.94	Advantage CT / RQS #:	20250116*1007
CONTRACT	Proposed Start Date:	1/16/2025	Proposed End Date: 6/30/2025
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:	Copeland's Garage, Inc. 464 Western Rd Warren, ME 04864		
Brief Description of Goods/Services/Grant:	Repair of Plate Shop Truck		

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 plate shop truck used to delivery license plates needs to be inspected but needs major repairs before the inspection can be done.

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

The vendor who typically maintains the truck has been putting us off for over 2 months. The truck is at the point where it is no longer road worthy so we can use it until the repairs are done. This vendor was the only one who could get to immediately.

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

This was the only vendor who get us in immediately to do the quote and then the repairs. The truck had to be taken off the road so this became an emergency need.

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

We will find 2-3 garages in the Warren area that we could compare costs to for this type of work.

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.

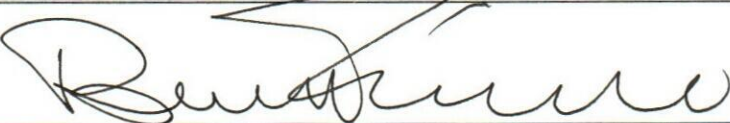

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Bruno Inacio	Date:	1/16/2025
Signature of DAFS Procurement Official:	DocuSigned by:  BE7E88805EFD419...		
Typed Name:	Sherri Brooker	Date:	1/21/2025