



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:		Corrections/Downeast Correctional Facility	
Department Contract Administrator or Grant Coordinator:		Bill Beverly	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$13,100.00	Advantage CT / RQS #:	
CONTRACT	Proposed Start Date:	2/4/2022	Proposed End Date: 2/19/2022
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:		C&C Machine Shop – Ellsworth, ME	
Brief Description of Goods/Services/Grant:		Water tank covers	

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.

The water storage tank covers are needed to correct deficiencies on the facility water system. Part of a Maine CDC drinking water sanitary survey. The department has been provided a mandated timeline to get the deficiencies corrected.

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

Attempts were made to get pricing from another vendor, but that vendor could not supply the food grade gaskets required.

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

Sole vendor to meet requirements.

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

Future competition will be achieved through the competitive bid process should a need arise.

### 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:  ED1ED604583D491...		
Typed Name:	Randall Liberty, Commissioner	Date:	2/1/2022
Signature of DAFS Procurement Official:	DocuSigned by:  2D5B6E39F57E44A...		
Typed Name:	william J.E. Allen	Date:	2/15/2022

