



## 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:	<b>Secretary of State, Bureau of Motor Vehicles</b>		
Department Contract Administrator or Grant Coordinator:	<b>Marc Theberge</b>		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	<b>\$ 85,813.20</b>	Advantage CT / RQS #:	<b>29B 2022021100000000919</b>
<b>CONTRACT</b>	Proposed Start Date:	<b>2/20/2022</b>	Proposed End Date: <b>05/15/2022</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	<b>Joro Manufacturing, 48 East Lake Green NE Airdrie, Alberta, Canada T4A2J2</b>		
Brief Description of Goods/Services/Grant:	<b>110 sets of custom-made E bases per BMW's specs to convert workstations to fully ergonomic sit stand workstations.</b>		

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 checked="" 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.

**BMV has been working for some time on converting existing workstation to include fully height adjustable worksurfaces in an effort to improve the standard ergonomic situation in BMV cubicles. This is the 1<sup>st</sup> of several RQS's to help achieve this agency goal. BMV believes that the use of these E-bases will promote better posture both sitting and standing promoting better health, comfort, and happier employees. These E-bases are custom made to allow easy conversion of existing Herman Miller cubicles to meet the above goal. These E-bases allow full adjustability from the sit-down height to the stand-up height.**

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

**Many hours of research and design were used to locate a vendor that would and could build these units. No vendor was found in Maine, New England or the US who were willing to work with BMV and build these units except for JORO Manufacturing in Alberta, Canada.**

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

**Through comparison of other similar products on the market that function similarly but do not provide for easy conversion of existing cubicles in the cubicles existing configuration.**

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

**BMV will continue to go out to bid for their needs etc.**

### 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):

*David Lachance*

Typed Name:

**David Lachance**

Date: **2/11/2022**

Signature of DAFS  
Procurement Official:

DocuSigned by:

*Debbie Jacques*

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Typed Name:	Debbie Jacques	Date:	2/17/2022
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