



## 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.*


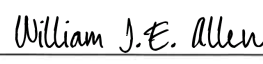
PART I: OVERVIEW			
Department Office/Division/Program:	MDOT M & O Region 4		
Department Contract Administrator or Grant Coordinator:	Michael Thompson		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 6306.30	Advantage CT / RQS #:	RQS20230127000000000916
CONTRACT	Proposed Start Date: <b>12/8/2022</b>	Proposed End Date:	1/31/2023
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:	Hammond Lumber VC0000120540 Bangor, Maine		
Brief Description of Goods/Services/Grant:	KD Spruce Lumber Bridge Maintenance project		

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 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.	Goods were purchased for Bridge related work. Work scope requires temporary shelter around project and is being used in conjunction with training purposes.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Goods purchased because of current Master agreement for Fir 3/4" form Plywood. Product was taken at one time to expedite travel times and costs associated with trucking.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Purchase of the material by the crew supervisor was going to be after checking around with other vendors to get the cheapest rate. Instead, purchase was made based on the fact we have a Master agreement for 3/4" Fir form plywood with this company and we would pick-up the material rather than have a delivery charge imposed. No other action was taken.
4. Describe the plan for future competition for the goods or services.	Obtaining a master agreement for Dimensional lumber products through the procurement office.

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:	William Pulver, C.O.O.	Date:	2-9-2023
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	2D5B6E39F57E44A... William J.E. Allen	Date:	2/15/2023