



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:		MaineDOT/Maintenance & Operations	
Department Contract Administrator or Grant Coordinator:		Brian Burne	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 6,195.90	Advantage CT / RQS #:	RQS2023020700000000960
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date: 2/28/2023
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:		Viking-Cives of Maine VC1000016958 2085 Lisbon Road, Lewiston, ME 04240	
Brief Description of Goods/Services/Grant:		Finger Plow parts	

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

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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 parts ordered were wearable parts that are specific to the plow manufactured by Viking-Cives.

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

These wearable plow parts are unique to this specific type of plow made by Viking-Cives. There are no 3rd party alternatives available at this time.

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

The cost of these parts is comparable to other wearable cutting edges for other types of plows.

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

We currently have a contract through Purchases for buying the actual plows from Viking-Cives. We just need to add a few more items to include these wearable replacement parts. We are currently working with Purchases to accomplish this.

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):



Typed Name:

William Pulver, C.O.O.

Date:

2-3-2023

Signature of DAFS
Procurement Official:

DocuSigned by:
Michelle Fournier

Typed Name:

Michelle Fournier

Date:

2/24/2023