



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:	Inland Fisheries & Wildlife/Engineering Division		
Department Contract Administrator or Grant Coordinator:	Richard Parker, Director of Engineering		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 8,165.19	Advantage CT / RQS #:	20240131*2130
CONTRACT	Proposed Start Date:	2/15/2024	Proposed End Date: 6/30/2024
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:	VC1000057766, Maine Equipment Company Inc., 2011 Hammond St., Hermon ME 04401		
Brief Description of Goods/Services/Grant:	Replacement of Existing hydraulic lift gate on 2014 F-450		

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 checked="" 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 2014 F-450 is the Divisions service truck used to transport tools and supplies to jobsites statewide. The hydraulic lift gate is necessary for access into the back of the panel truck and for lifting heavy items into the truck for transport. Repairs to the existing hydraulic lift gate have increased in frequency and cost, and the operation has become a hazard to staff as the internal components have worn excessively from frequent use over its 10-year lifespan.

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

Maine Equipment Company Inc. is one of two authorized Tommy Gate service centers in Maine. The other authorized service center is Messer Truck Equipment who expressed lack of interest for the repair when called for a quote.

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

Pricing for replacement parts was researched online. The cost of materials is in line with what the cost would be if we purchased in house. Quoted labor costs are reasonable for what the project entails, with added confidence the company has installed several of these gates successfully in the past. Maine Equipment Company Inc. has completed repairs on other vehicles in our fleet in the past with very positive results.

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

This repair was unexpected. In the future we anticipate, through routine maintenance, identifying equipment that is nearing its life cycle earlier, in hopes other authorized service centers may be willing provide service if provided a longer repair time window.

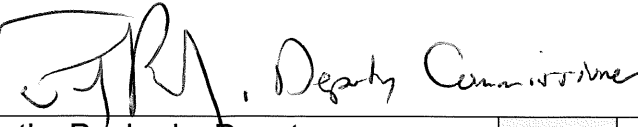
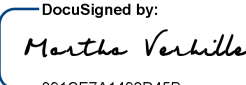
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Timothy Peabody, Deputy Commissioner	Date:	2/8/2024
Signature of DAFS Procurement Official:	DocuSigned by:  891CE7A1493D45B...		
Typed Name:	Martha Verhille	Date:	2/9/2024