



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		
Department Contract Administrator or Grant Coordinator:		Scott Goulette		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 74,350.85	Advantage CT / RQS #:	03A 20240130*2112
CONTRACT	Proposed Start Date:	2/1/2024	Proposed End Date:	1/31/2025
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:		Johnson Controls Fire Protection, Westbrook, Maine		
Brief Description of Goods/Services/Grant:		Fire Alarm/Sprinkler Testing and Inspection		

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.

Fire Alarm/Sprinkler testing and inspection of MDOC facilities is not only a Department policy requirement but is also a state/federal requirement to adhere to NFPA life safety guidelines. In addition to adhering to policy requirements, this service provides the Department with critical safety measures and assurance as well.

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

Maine DOC was contracted with the Provider under a Participating Addendum with NASPO MA #3407 through July 31, 2023 but the contract terminated on that date. We have been using a pay-as-we-go method for several months while seeking out other Providers to contract with, however our search has not proven successful. We are seeking a 1-year contract with Johnson Controls which will give us adequate time to seek competitive bids for our future needs.

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

The pricing under this proposed contract is slightly more than the previous contract which is to be expected as a result of soaring inflation costs, also taking into account that we did not renew the MA with JCI through NASPO so we no longer qualify for discount rates obtained under NASPO.

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

The Department will seek competitive bids in advance of the expiration of this contract.

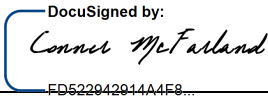
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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):		1/31/2024	
Typed Name:	Conner McFarland	Date:	

Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> 2D5B6E39F57E44A...		
Typed Name:	william J.E. Allen	Date:	2/26/2024

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