



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	Dept. of Public Safety		
Department Contract Administrator or Grant Coordinator:	Major Scott Gosselin Iris Rogers		
(If applicable) Department Reference #:	N/A		
Amount: (Contract/Amendment/Grant)	\$11,205.86	Advantage CT / RQS #:	CT 16A 20250131*1839
CONTRACT	Proposed Start Date:	1/17/2025	Proposed End Date: 4/1/2025
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:	Lawson Property Services Augusta, ME 04330 VS0000010290		
Brief Description of Goods/Services/Grant:	Freshen up paint / carpet replacement for our Fallen Heroes Meeting Room at Troop I.		

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.

To paint and replace carpeting in the Fallen Heroes Meeting Room, including the new cove base. This work was not included in the lease agreement and this contract will allow us to proceed with the freshening up of the conference room that is used regularly for trainings and press conferences.

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

MSP: Troop I leases the space from the vendor and have spoken with them about replacing the carpet and painting the Fallen Heroes Meeting Room to meet our current needs, and the vendor is agreeable to making the changes, provided we pay for the work done to the space.

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

The vendor has given a quote for the work prior to the work being done and the price seemed fair and reasonable for the work that is being requested.

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

In the future, if our circumstances have changed, the Competitive Bid process through Procurement will be utilized.

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: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Michael Sauschuck, Commissioner	Date:	
Signature of DAFS Procurement Official:	<div data-bbox="602 474 836 573"> <p>DocuSigned by:  <small>41C2BA36FAF44CD...</small></p> </div>		
Typed Name:	Kathy Paquette	Date:	2/20/2025






PJF Lawsons - Fallen Heroes Room 013125

Final Audit Report

2025-02-11

Created:	2025-02-11
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