



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 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:		Agriculture, Conservation & Forestry	
Department Contract Administrator or Grant Coordinator:		James Durda	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$7,475.00	Advantage CT / RQS #:	01A 20250115*0991
CONTRACT	Proposed Start Date:	1/15/2025	Proposed End Date: 2/20/2025
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:		Augusta Fuel Company 4 Northern Ave Augusta, ME	
Brief Description of Goods/Services/Grant:		Repair walk-in freezer	

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 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 walk-in freezer at the 333 Cony Rd Augusta warehouse broke down and needs a new compressor purchased and installed. The freezer is used for storage of emergency foods for food pantries, soup kitchens, and food banks. It's helpful to have this extra capacity for last-minute frozen foods needing an immediate new home, like when a retail grocery stores refuse a shipment, we have available space to accept the shipment.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Local company, readily available technicians, long history of supporting our HVAC and electrical repair needs.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	This company is readily available to start the work and the only sizeable HVAC repair company with availability and expertise for the repair. The hourly labor rate and cost of parts are comparable to industry standards.
4. Describe the plan for future competition for the goods or services.	It's a one-time purchase. The next time we need a significant repair, we will assess the landscape of service providers.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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):	Signed by: <i>Randy Charette</i> 8F3DD450C23241F...		
Typed Name:	Randy charette	Date:	2/4/2025
Signature of DAFS Procurement Official:	DocuSigned by: <i>Martha Verhille</i> 891CE7A1493D45B...		
Typed Name:	Martha Verhille	Date:	2/20/2025