



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:	Maine State Museum		
Department Contract Administrator or Grant Coordinator:	Sheila McDonald, Deputy Director		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 6,497.	Advantage CT / RQS #:	RQS 20250219*1173
CONTRACT	Proposed Start Date:		Proposed End Date:
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:	Quattrolifts USA VC 0000273400 1744 W. 166 th St. Suite A Gardena, CA 90247		
Brief Description of Goods/Services/Grant:	Glass installation equipment		

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		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.

The Maine State Museum needs a safe, efficient lift to install, remove, and re-install large sheets of glass in museum exhibits. The safe management of glass by one person is critical to the museum's ability to maintain its many museum exhibits and collections for public viewing.

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

The selected vendor carries the required equipment. After an exhaustive search, museum staff have found that a Quattrolifts model will meet the museum's needs safely and reliably. This type of equipment is not manufactured widely and Quattrolifts is well-tested and recommended. This equipment represents a good investment to save time and cost while ensuring safe operation.

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

Other lifts were examined and researched. Quattrolifts and the specific model recommended represent a fair, reasonable price.

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

The museum always examines costs from many vendors and makes the most appropriate, quality, and cost-effective choice. That will continue to be the case in future equipment purchases of this type.

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.

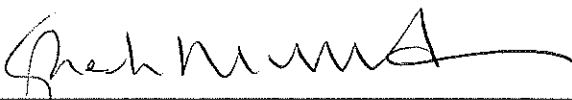
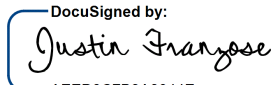
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Sheila McDonald	Date:	2/20/2025
Signature of DAFS Procurement Official:	DocuSigned by:  AEED9C7B3A8044E...		
Typed Name:	Justin Franzose	Date:	2/20/2025