



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 \$10,000 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 DOT Region 1 Fleet Services		
Department Contract Administrator or Grant Coordinator:		David Larrivee		
(If applicable) Department Reference #:		T07-110		
Agency Department Code:		Advantage CT / RQS #:	20260220000000001322	
Amount: (Contract/Amendment/Grant)		\$28,631.78		
CONTRACT	Proposed/Original Start Date:	2/8/2026	Proposed/Most Recent End Date:	2/17/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Casco Bay Ford, 1213 US RTE 1 Yarmouth ME,04096		
Brief Description of Goods/Services/Grant:		T01-110 engine has low compression in the cylinders and needs the engine replaced.		

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. Higher Education 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.

T07-110 is a 2012 Ford F550 that broke down while in use by Maintenance & Operations. At the time of the breakdown, we had no available technicians to go to the location for a diagnosis. We reached out to Casco Bay Ford to get this truck in for a diagnosis of the check engine light/skipping issue. It was reported by Casco Bay Ford that the engine needed extensive repairs or replacement, due to multiple cylinders being down on compression. This truck is used daily by Maintenance & Operations to perform specialized tasks for repair/installation of roadway signage including detour set ups. An effort was made to find a temporary replacement with equipment rental companies, with none to be found. I reached out to Dan Rolfe to discuss our options. A decision was made to move forward with the replacement of the engine due to this truck not being on a replacement plan. A drop-in engine was ordered by Casco Bay Ford and was installed, and the equipment was returned to service.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Casco Bay Ford specializes in the repair and maintenance of the Ford brand of trucks. The availability and technical expertise of the dealer would allow this repair to be done in a timely manner and to get this equipment back in service.

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

We have used this vendor in the past and have found that their repairs and prices are fair and reasonable.

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

The Region will continue to check availability with Maine DOT facilities to have work done in-house. If Maine DOT resources are not available, commercial repair facilities will be contacted for cost estimates and viability of prompt service appointments. The cost proposals will be reviewed, and the work will be awarded to the facility that can best meet the needs of Maine DOT.

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).

<input type="checkbox"/> Yes, ARPA funds (025) or (026) – 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

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](#).

<input checked="" type="checkbox"/> The requesting department’s signatory affirms, understands, and acknowledges Maine’s Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):	Signed by:  <small>51BA1171F8B9463...</small>		
Typed Name:	Kyle Hall, Director of Maintenance & Operations		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Date:</td> <td style="padding: 5px;">2/20/2026</td> </tr> </table>	Date:	2/20/2026
Date:	2/20/2026		

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department’s Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Date:</td> <td style="padding: 5px;"> </td> </tr> </table>	Date:	
Date:			

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by:  <small>4C537C52B586437...</small>		
Typed Name:	Sterling Doiron		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Date:</td> <td style="padding: 5px;">2/26/2026</td> </tr> </table>	Date:	2/26/2026
Date:	2/26/2026		

Certificate Of Completion

Envelope Id: 1E4EDB67-F574-437C-B091-CB67E710DCC7

Status: Completed

Subject: Complete with Docusign: T07-110 Sign PJF.pdf

Source Envelope:

Document Pages: 3

Signatures: 1

Envelope Originator:

Certificate Pages: 1

Initials: 0

Sterling Doiron

AutoNav: Disabled

77 State House Station

Envelopeld Stamping: Disabled

111 Sewall Street

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Augusta, ME 04333

Sterling.Doiron@maine.gov

IP Address: 71.169.188.88

Record Tracking

Status: Original

Holder: Sterling Doiron

Location: DocuSign

2/26/2026 2:42:45 PM

Sterling.Doiron@maine.gov

Signer Events

Sterling Doiron

Sterling.Doiron@maine.gov

Sterling Doiron

Security Level: Email, Account Authentication (None)

Signature

Signed by:

 Sterling Doiron
 4C537C52B586437...

Signature Adoption: Pre-selected Style

Using IP Address: 71.169.188.88

Timestamp

Sent: 2/26/2026 2:42:55 PM

Viewed: 2/26/2026 2:43:00 PM

Signed: 2/26/2026 2:43:18 PM

Freeform Signing

Electronic Record and Signature Disclosure:

Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

2/26/2026 2:42:55 PM

Certified Delivered

Security Checked

2/26/2026 2:43:00 PM

Signing Complete

Security Checked

2/26/2026 2:43:18 PM

Completed

Security Checked

2/26/2026 2:43:18 PM

Payment Events

Status

Timestamps