



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:		DHHS/OBH/SFS		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Patricia Wall		
(If applicable) Department Reference #:		SFS-21-1000		
Amount: (Contract/Amendment/Grant)	\$ 24,314.00	Advantage CT / RQS #:	RQS 10A 20211108000000000522	
CONTRACT	Proposed Start Date:	05/07/2021	Proposed End Date:	03/30/2022
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:		Paul White Company Portland, ME		
Brief Description of Goods/Services/Grant:		Flooring Materials and Installation		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.

The purpose of this agreement is to purchase and have replacement flooring installed as the current floor is outdated. The Department's Riverview Psychiatric Center is now limited to the areas in which carpet can be installed, requiring an alternative flooring option.

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

The Department's Riverview Psychiatric Center provided the vendor information as a preferred vendor they use for the building. Additional quotes were sought from three companies. Two did not respond in over two weeks and one supplied incomplete information.

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

Only one vendor, Paul White Company, responded with a complete quote. Other vendors contacted were: Joseph's Flooring, Floor Systems (both non-responsive), and Canary responded but with an incomplete estimate.

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

Future purchases over \$10,000 will utilize the RFQ or RFP process.

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


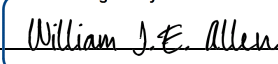
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):	DocuSigned by:  66738ED17E0C4B2...		
Typed Name:	Jim Lopatosky	Date:	Mar-03-2022
Signature of DAFS Procurement Official:	DocuSigned by:  2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	3/16/2022

NOI 20220316-791 03/16/2022 - 03/22/2022