

**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:		Dept. of Labor/Bureau of Unemployment Compensation/Admin Hearings	
Department Contract Administrator or Grant Coordinator:		Todd Cummings	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$12,865.60	Advantage CT / RQS #:	RQS 12A 20230222*1018
CONTRACT	Proposed Start Date:	12/1/2022	Proposed End Date: 3/15/2023
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, Inc. 323 State St. Augusta, ME 04330	
Brief Description of Goods/Services/Grant:		Convert 2 small offices to 1 large office	

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 checked="" 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 checked="" 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 Division of Admin Hearings needed to convert (2) small offices to (1) large office for the Director.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The building's owner only allows a certain vendor to perform this type of work to their building. We went through the buildings Property Management Company, Lawson's Property Management, for the ability to pay through the lease. After being invoiced, Lawson's Property Management told me, they want to be paid directly for the work done. Click or tap here to enter text.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Lawson's Property Management provided a quote for the work, which seemed fair priced for the amount of work required.
4. Describe the plan for future competition for the goods or services.	Knowing we will not be able to pay through the lease, we will get permission from the Division of Procurement Services before proceeded for any work over \$5,000.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):			
Typed Name:	Kimberly Smith	Date:	3/3/2023
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	2D5B6E39F57E44A... William J.E. Allen	Date:	3/3/2023