



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:		Administrative and Financial Services/Bureau of General Services	
Department Contract Administrator or Grant Coordinator:		Jill Instasi	
(If applicable) Department Reference #:		NA	
Amount: (Contract/Amendment/Grant)	\$ 200,000.00	Advantage CT / RQS #:	CT 18A 20230224*2163
CONTRACT	Proposed Start Date:	2/23/2023	Proposed End Date: 12/30/2024
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:		MCGRATH AND COMPANY LLC VC0000236984 11 WASHINGTON AVE SCARBOROUGH, ME 04074	
Brief Description of Goods/Services/Grant:		Cultural Building Owner's Rep	

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. 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 Legislature has authorized Maine Governmental Facility Authority (MGFA) and ARPA funds for the renovation of the Cultural Building. The total project budget is now in excess of \$40M. DAFS/BGS manages design and construction contracts, and interactions with MGFA. The project has encountered a steady stream of unforeseen conditions and cost and schedule control measures are urgently needed.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
This consulting company has proven on other similar construction projects to be quite valuable in providing insights and recommendations on how to better manage scope creep. Advanced knowledge of construction scheduling is needed as well as other control measures not typically required.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
The proposed hourly rates have been judged to be fair and reasonable based on prior experience with the same consulting firm. The chosen vendor has proven an ability to recoup project costs which more than exceed their fee.
4. Describe the plan for future competition for the goods or services.
The proposed contract is due to an immediate and unusual need.

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):	DocuSigned by: <i>Elaine Clark</i> 2D3B27019FF1432...		3/8/2023
	Typed Name:	Elaine Clark, DAFS Deputy Commissioner	Date:
Signature of DAFS Procurement Official:	DocuSigned by: <i>Sue H. Garcia</i> E5DB92AC0F8D490...		
	Typed Name:	Sue H. Garcia	Date: 3/10/2023