



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:		Region 4-Maintenance & Operations		
Department Contract Administrator or Grant Coordinator:		Jeremy Schobel		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 14,502.50	Advantage CT / RQS #:	20240227000000001229
CONTRACT	Proposed Start Date:	1/12/2022	Proposed End Date:	1/27/2022
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:		Alta Equipment Company		
Brief Description of Goods/Services/Grant:		Repairs to Mini excavators		

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.

Invoices were lost during transition period of employee retirement, hiring of new employee, and transfer of documents from one user to another in the Field Manager payment processing application. Payments are typically processed through the Field Manager application which is currently in the process of being upgraded. With the contract being closed and the upgrade in process, the vendor can't be paid. The invoices date back to Jan 12, 2022, and the department was unaware the invoices weren't processed until the vendor advised non-payment. The department approves the damages during the use of the equipment. The repairs consist of chunk missing on track, broken handrail, broken or missing grab bar, touch up paint, dings, and dents.

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

At the time the invoices were created, the department was under contract for the rental of the excavator and payments being processed through Field Manager. It is now apparent the transfer of documents through Field Manager was not successful during the transition from one computer to another and was lost.

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

The prices of repairs are consistent with other repairs of similar nature from the vendor, and other vendors and the department feels they are fair and reasonable.

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

Process payments through Free2000 until the Field Manager Application is upgraded and done while the contract is still open.

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); PURCHASES BY THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department signatory understands and acknowledges [Title 17, Chapter 101, §3104.](#)

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Kyle A. Hall</i> 51BA1171F8B9463...		
Typed Name:	Kyle Hall, Director Maintenance & Operations	Date:	2/27/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> 2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	3/5/2024

NOI 0320240239 03/05/2024 - 03/11/2024