



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 \$5,000 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:		DACF, Commissioner's Office		
Department Contract Administrator or Grant Coordinator:		Denice Baron, Resource Administrator		
(If applicable) Department Reference #:		N/A		
Amount: (Contract/Amendment/Grant)	\$ 9,152.15	Advantage CT / RQS #:	RQS 01A 20250219*1167	
CONTRACT	Proposed Start Date:	6/1/2024	Proposed End Date:	8/31/2024
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:		Cintas, PO Box 631025, Cincinnati, OH 45263		
Brief Description of Goods/Services/Grant:		Emergency First Aid Kit Filled Cabinets		

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 checked="" 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 Department of Agriculture, Conservation and Forestry (DACF) recognized an concerning emergency need after hiring a Safety Officer. Most of our locations, central and remote, lacked first aid supplies and the facilities that had them had supplies that contained many expired stocks. This was highly recognized as a safety concern especially during the busy field season for the entire department. More than half of the kits were distributed to the Maine Forest Service throughout the state.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Cintas was selected knowing they had a current Master Agreement (MA), unfortunately the MA was for a different commodity/service. Cintas is a respected vendor in the industry. Their service includes sanitizing first aid cabinets and assuring the cabinets are ANSI compliant and can supply monthly or bimonthly inspections if needed. Their employees are fully insured and trained to enter several types of hazardous and/or sensitive areas.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Cintas pricing structure is within the range of other similar service providers in the area. DACF verified the pricing was fair and reasonable as well as limiting what supplies were allowed to be stocked in the kits.
4. Describe the plan for future competition for the goods or services.	DACF is accessing future needs to determine if additional kits are needed. We will follow the procurement policies for such competitive bids once quantities are determined and the restocking needs are determined.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – 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	
<i>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.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.	

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Amanda Beal</i> 20AF3A2882BB4AA...		
Typed Name:	Amanda Beal, Commissioner	Date:	3/6/2025
Signature of DAFS Procurement Official:	DocuSigned by: <i>Michael McNeil</i> 7008796FB36A449...		
Typed Name:	Michael McNeil	Date:	3/12/2025

NOI 0320250201