



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:	Maine State Museum		
Department Contract Administrator or Grant Coordinator:	Sheila McDonald, Deputy Director, Maine State Museum		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 11,398.76	Advantage CT / RQS #:	
CONTRACT	Proposed Start Date:	3/25/2025	Proposed End Date: 6/30/2025
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:	Uline, Inc. P.O., Box 88741 Chicago, IL 60680-1741 VC1000093333		
Brief Description of Goods/Services/Grant:	Purchase and shipping of shelving for Maine State Museum archival storage		

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 Maine State Museum, in preparation for the move back to the Cultural Building, needs new shelving for its growing collection of archival materials. This shelving will cost-effectively answer that need. The shelving will be installed in newly adapted spaces dedicated to the museum's archival collection and research materials and is critical for these collection and research materials to be stored in a safe and accessible manner.

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

The selected vendor has provided the most cost-effective pricing for the shelving that best meets the museum's requirements.

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

The museum compared costs from other shelving purveyors and found those from Uline to be the most favorable.

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

As always, the museum will analyze costs for future goods and services and select vendors who provide the best costs that meet the museum's needs.

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); CONTRACT WITH THE STATE

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](#).

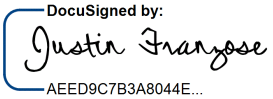
The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
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Typed Name:	Sheila McDonald, Deputy Director	Date:	3/25/2025
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Signature of DAFS Procurement Official:			
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Typed Name:	Justin Franzose	Date:	3/27/2025
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