



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:		Corrections – Long Creek Youth Development Center	
Department Contract Administrator or Grant Coordinator:		Karen Yeaton, Deputy Warden	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,500	Advantage CT / RQS #:	
CONTRACT	Proposed Start Date:	3/10/2022	Proposed End Date: 4/1/2022
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:		Zoom Drain – New England 39 Immersion Dive, Suite 1 Scarboroug, ME 04074	
Brief Description of Goods/Services/Grant:		Emergency sewer line repairs within Long Creek Youth Development Center	

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 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.

Emergency services needed for clogged sewer lines at Long Creek Youth Development Center. Vendor needed to clean out several areas to get flow back to normal to stop from overflowing in several areas.

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

Vendor has been used previously on emergent needs. They were called in for an estimate and at the time thought it would only be a days work (estimated at less than 5K) But the more they got into the work the more problems they encountered and needed to fix at that time.

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

Funds will come from LCYDC's all other budget. No negotiating took place as this turned into an emergency need.

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

If non-emergent several vendors (if available) will be called to receive estimates.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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:

Randall Liberty, Commissioner

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Typed Name:

Randall Liberty, Commissioner

Date:

3/14/2022

Signature of DAFS
Procurement Official:

DocuSigned by:

William J.E. Allen

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Typed Name:

William J.E. Allen

Date:

4/6/2022

