



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:		MDIFW/Bureau of Resource Management/Wildlife		
Department Contract Administrator or Grant Coordinator:		Bethany Atkins		
(If applicable) Department Reference #:		Desktop technical appraisal reviews		
Amount: (Contract/Amendment/Grant)	\$8,700.00	Advantage CT / RQS #:	2022040100000002306	
CONTRACT	Proposed Start Date:	4/4/2022	Proposed End Date:	3/31/2023
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:		Legacy Appraisal Services, LLC; Hampden ME		
Brief Description of Goods/Services/Grant:		Reviews of appraisal reports prepared as due diligence for land acquisitions, in fulfillment of requirements by grant making organizations.		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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.

MDIFW will request at least 6 appraisal reviews at a cost of up to \$1,450 each.

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

Due diligence procedures for purchasing land requires an appraisal of the highest and best use of the property so as to establish a fair price for the land. Some funding grants require appraisals to the USPAP standard, some to the more rigorous UASFLA standard. In either case, a review of the appraisal is required by an appraiser other than the one that wrote the report, in order to provide a third-party check on the validity of the appraised value and the appraisal report. Legacy Appraisal Services LLC is one of the few companies in Maine that has the experience and familiarity with UASFLA standards and review requirements to provide the services the state needs.

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

Legacy Appraisal Services LLC has done appraisal reviews for the state in the past. The per-review price offered is consistent with past service charges, and also with other reviewers' prices.

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

The state will continue to track prices for appraisal and appraisal review services in the state and negotiate for the best prices for services which meet the state's needs.

PART IV: LATE JUSTIFICATION

- | | | |
|-------------------------------------|------------------------------|---|
| 1. Is the vendor currently working? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No – If No, proceed to Part V |
|-------------------------------------|------------------------------|---|

2. If you answered Yes to question 1, explain why the vendor is working before the contract is final approved.

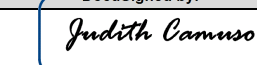
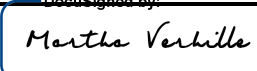
PART V: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

1. Does this request utilize ARPA/MJRP Funds?

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

No – If No, proceed to Part VI

PART VI: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:	<small>DocuSigned by:</small>  Judith Camuso <small>2E11918D8425475...</small>	Date:	4/4/2022
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  Martha Verhille <small>891CE7A1493D45B...</small>		
Printed Name:	Martha Verhille	Date:	4/20/2022