

**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.


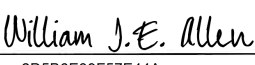
PART I: OVERVIEW				
Department Office/Division/Program:		Department of Transportation/Highway Operations/Highway Marking Program		
Department Contract Administrator or Grant Coordinator:		Brian Burne, Highway Maintenance Engineer		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ \$80,000	Advantage CT / RQS #:	MA18P160324*144	
CONTRACT	Proposed Start Date:	4/27/2022	Proposed End Date:	5/15/2025
AMENDMENT	Original Start Date:	5/1/2019	Effective Date:	
	Previous End Date:	4/1/2022	New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		M-B Company Inc. 95 Blessing Drive, Muncie PA 17756		
Brief Description of Goods/Services/Grant:		Replacement parts and support for the M-B Striping System on each truck for a total of five striping trucks.		

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 striping system on each MaineDOT striper truck is a very complex system that was built by M-B Company. Using M-B parts on an M-B designed and built system reduces downtime and ensures overall system compatibility. In the past we have tried to use non-original parts on these trucks, but it affected reliability and program productivity. When a striper is down for any length of time, it directly impacts what we can accomplish within the striping season and highways can go without paint for the year.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	MaineDOT competitively bid the purchase of these five striping systems back in 2013 and 2015. M-B Company won the bid for the design and build. These systems are very customized and very technical. The uniqueness of these paint systems means that the parts are not readily available with off-the-shelf purchases. MB has all the parts and support required to accommodate our operation.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	M-B Company has extended the 10% discount that we have previously received off their list prices.
4. Describe the plan for future competition for the goods or services.	We will eventually need to readvertise for replacement striper systems. When that occurs, M-B Company may or may not win the bid and we will likely need to obtain parts for those systems from the successful bidder that builds those systems as well.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):			
Typed Name:	William A. Pulver, C.O.O.	Date:	4-27-2022
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	william J.E. Allen	Date:	4/27/2022

NOI 0420220368 04/27/2022 - 05/03/2022