



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:		Judicial Branch/ Facilities		
Department Contract Administrator or Grant Coordinator:		Kevin Fogg		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 6302.75	Advantage CT / RQS #:	20240409*1463
CONTRACT	Proposed Start Date:	1/1/2024	Proposed End Date:	4/9/2024
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:		MREM Bangor, ME		
Brief Description of Goods/Services/Grant:		Supplies/repairs		

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.

The maintenance services are supplies and mileage that was undertaken by the building management Company, these are the supplies that are needed for the building repairs to be completed by the B/M at each site.

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

These items and mileage were needed and MREM is the contracted company supplying the building managers at each of these sites. These B/M's need these supplies for repairs at each assigned Courthouse.

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

The supplies needed and supplied come with documented receipts and time verifications. Courthouses cannot run efficiently without these supplies.

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

Future building repairs/mileage and misc will adhere to the RFP so the B/M may perform duties required.

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:
Connor Smith
755F066F9C634D0...

Typed Name: Connor Smith

Date: 4/10/2024

Signature of DAFS
Procurement Official:

DocuSigned by:
William J.E. Allen
2D5B6E39F57E44A...

Typed Name: William J.E. Allen

Date: 4/17/2024

DocuSigned by:
Breanne Hodgetts
1EB1F1AB7DAB496...