



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:		Maine State Prison	
Department Contract Administrator or Grant Coordinator:		Robert Walden	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 7,401.65	Advantage CT / RQS #:	RQS 03B 20240313*1335
CONTRACT	Proposed Start Date:	12/27/2023	Proposed End Date: 12/27/2023
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:		JOHNSON CONTROLS FIRE PROTECTION LP WESTBROOK, ME	
Brief Description of Goods/Services/Grant:		FIRE ALARM AND DETECTION SERVICE	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

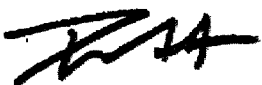

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input 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

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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.	Annual Service/Preventative Maintenance for Fire Alarm and Detection Service.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Vendor selected as single source as one of the few vendors able to service our aging facility/parts/equipment.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Price was reasonable based on Market Rate Comparisons of Similar Parts.
4. Describe the plan for future competition for the goods or services.	We are limited to vendors who can serve us due to our aging facility/parts/equipment.

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:	Randall A. Liberty	Date:	4/19/2024
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	William J.E. Allen	Date:	4/25/2024

NOI 0420240473