



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
Table with fields: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Advantage CT / RQS #, RQS 16A, CONTRACT, Proposed Start Date, Proposed End Date, 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, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION
Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with options: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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.

This emergency response vehicles engine failed while traveling to an emergency tactical team call recently. The engine needed to be fully replaced as a result of engine damage. These funds are to cover the unanticipated work that was needed.

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

This vehicle is considered a life protection critical piece of equipment that needs to be repaired and back in service as soon as possible. Without this critical piece of equipment, we are limited in how we safely resolve some of the most dangerous calls in Maine. We have selected this vendor due to past reliable and fair priced work given the emergency need. Amending to add funds for the unanticipated work performed above the original quote due to additional parts needed for repair.

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

The vendor has completed services and has always been fair in pricing services performed.

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

The Maine State Police remains committed to competitive pricing and services outside of an emergency, such as this.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

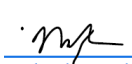
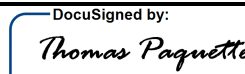
### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges [MRS Title 5, §18-A, 2.](#)

### PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	 <a href="#">Michael Sauschuck (Apr 2, 2024 10:14 EDT)</a>		
Typed Name:	Michael Sauschuck	Date:	4/2/2024
Signature of DAFS Procurement Official:	 DocuSigned by: <a href="#">249502C7B71A49A...</a>		
Typed Name:	Thomas Paquette	Date:	4/30/2024