



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**OFFICE OF STATE 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 Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:		DAFS/Central Fleet Mgmt	
Department Contract Administrator or Grant Coordinator:		Donny Crockett	
(If applicable) Department Reference #:		CFM PO# 936562	
Amount: (Contract/Amendment/Grant)	\$ \$6,085.14	Advantage CT / RQS #:	RQS18P20250319*1316
<b>CONTRACT</b>	Proposed Start Date:	<b>2/27/2025</b>	Proposed End Date: <b>3/18/2025</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Reliant Repair, Ashland, ME VC0000191036	
Brief Description of Goods/Services/Grant:		Vehicle Transmission Repair CR81043 ( <b>CONFIRMING</b> )	

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.



<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	This vehicle was towed to this vendor for diagnosis of transmission issues. The vendor attempted repairing the issues found, but it was necessary to replace the transmission in the end.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This vendor's labor rate is far lower than the GM dealer and closer proximity to the Agency's Ashland office. The vendor attempted repairing the issue, but it was necessary to replace the transmission in the end. Downtime was an issue as there are no replacement vehicles available, and it would be cost-prohibitive to tow to other vendors for additional estimates.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	CFM has a vast Statewide network of approximately 400 vendors. Choosing this vendor includes factors such as location & proximity to the vehicle, reputation, past pricing and experience, and vendor's ability to repair in a timely manner to avoid costly downtime for the State Agency.
4. Describe the plan for future competition for the goods or services.	N/A-this is for an emergency repair that is not planned. CFM always seeks multiple estimates when available and prudent in the close proximity to the vehicle's location.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <a href="#">Title 5, §18</a> and <a href="#">§18-A</a>, in harmony with MRS <a href="#">Title 17, §3104</a>.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.	

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  <small>2A644AE5681E482</small>		
Typed Name:	David Morris	Date:	4/2/2025
Signature of DAFS Procurement Official:	DocuSigned by:  <small>891CE7A1493D45B...</small>		
Typed Name:	Martha verhille	Date:	4/2/2025