



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:                     |                      | Corrections  |   |
| Department Contract Administrator or Grant Coordinator: |                      | Scott Goulette                                       |   |
| (if applicable) Department Reference #                  |                      |  |   |
| Amount:<br>(Contract/Amendment/Grant)                   |                      | \$70,886.56  | Advantage CT / RQS #: 03A 20250121*1774       |
| CONTRACT  | Proposed Start Date: | 3/1/2025   | Proposed End Date: 2/28/2026                  |
| AMENDMENT   | Original Start Date: | Click or tap to enter a date.                        | Effective Date: Click or tap to enter a date. |
|   | Previous End Date:   | Click or tap to enter a date.                        | New End Date: Click or tap to enter a date.   |
| GRANT   | Project Start Date:  |  | Grant Start Date:                             |
|   | Project End Date:    |  | Grant End Date:                               |
| Vendor/Provider/Grantee Name, City, State:              |                      | Johnson Controls Fire Protection<br>Westbrook, Maine |   |
| Brief Description of Goods/Services/Grant:              |                      | Fire Alarm and Sprinkler Testing & Inspection        |   |

| 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.

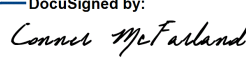

| <b>PART III: SUPPLEMENTAL INFORMATION</b>  |   |
|--|---|
| 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.       | Fire Alarm/Sprinkler testing and inspection of MDOC facilities is not only a Department policy requirement but is also a state/federal requirement to adhere to NFPA life safety guidelines. In addition to adhering to policy requirements, this service provides the Department with critical safety and security measures as well.   |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable. | Maine DOC was contracted with the Provider under a Participating Addendum with NASPO MA #3407 through July 31, 2023 but the contract terminated on that date. We have been using a pay-as-we-go method since this time while seeking out other Providers to contract with, however our search has not proven successful. We are seeking a 1-year contract with Johnson Controls which will give us adequate time to seek competitive bids for our future needs. |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.                       | The pricing under this proposed contract is on par with last year's contract which is fair and reasonable considering ongoing inflation costs. The Provider has also extended Sourcewell pricing to the Department through its Cooperative Agreement which provides significant savings on the normal labor rates.  |
| 4. Describe the plan for future competition for the goods or services.   | The Department will utilize the competitive process for future procurements as appropriate.   |

| <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<br>Department's Commissioner<br>(or designee): | DocuSigned by:<br><br>3/20/2025<br><small>FD522942914A4E8...</small> |       |          |
| Typed Name:  | Conner McFarland, Correctional<br>Operations Manager  | Date: |          |
| Signature of DAFS<br>Procurement Official:                             | DocuSigned by:<br><br><small>41C2BA36FAF44CD...</small>              |       |          |
| Typed Name:  | kathy Paquette  | Date: | 4/8/2025 |