



### 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:		DPS-Office of State Fire Marshal	
Department Contract Administrator or Grant Coordinator:		Fire Marshal Shawn Esler	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 25,020.00	Advantage CT / RQS #:	20250327*1392
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:	5/1/2025 5/22/2024
	Project End Date:	Grant End Date:	4/30/2028 9/28/2026
Vendor/Provider/Grantee Name, City, State:		International Code Council 4051 Flossmoor Road Country Club Hills, IL 60478	
Brief Description of Goods/Services/Grant:		Digital Code Subscription	

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.

### 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 state has adopted a MUBEC code update. This subscription gives code officers access to additional materials to assist in the understanding and interpretation of new codes. It provides access to new study materials to help get Maine's code officers up to speed in a timely manner.

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

The International Code Council is the sole source producer of this service as they published the codes and all additional materials being purchased.

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

Holding membership with the International Code Council grants an automatic 20% discount. This quote includes a discount for buying in bulk.

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

The International Code Council is the sole source producer of the materials being purchased and as the books are for a state-mandated code, code enforcement officers must have access to these materials.

### 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.


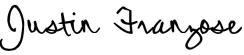
### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

*Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).*

- 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):			
Typed Name:	Derek Gainan	Date:	4/3/25
Signature of DAFS Procurement Official:	<div data-bbox="548 613 812 709"> <p>DocuSigned by:                        AEED9C7B3A8044E...</p> </div>		
Typed Name:	Justin Franzose	Date:	4/8/2025