



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:		Administrative Office of the Courts	
Department Contract Administrator or Grant Coordinator:		Kevin Fogg	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10693.73	Advantage CT / RQS #:	20220419*1212
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:		Trane 30 Thomas Drive Westbrook, ME 04092	
Brief Description of Goods/Services/Grant:		Chiller repairs for West Bath DC	

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 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 checked="" 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.	Chiller repairs so West Bath DC has suitable HVAC circulation and heating and cooling are at normal parameters within the building.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Trane is the Vendor that does the PM's and installed the chiller 30 years ago. They were the only suitable company in an emergency that had the background knowledge and info needed to get this chiller running in the shortest amount of time.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Cost was based on emergency nature of the call and time and service rates. This is how all other vendors in the area price a job such as this and Trane is our regular service contractor.
4. Describe the plan for future competition for the goods or services.	In an emergency we always try and call the contractor that regularly services the equipment for the fastest turn-around time on emergency repairs. This practice ensures timely repairs and fair costs for the Judicial Branch

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPAMJRP 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):	<u>Dennis A Corliss</u> Dennis A Corliss (Apr 19, 2022 14:16 EDT)	
Typed Name:	Dennis Corliss	Date: 4/20/2022

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Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> 2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	4/29/2022

NOI 0520220387 05/02/2022 - 05/08/2022