



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:		DAFS/BGS/Property Management Division	
Department Contract Administrator or Grant Coordinator:		Valerie Russell	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ 33,528.74	Advantage CT / RQS #:	18A 2022042100000002559
CONTRACT	Proposed Start Date:	3/14/2022	Proposed End Date: 4/6/2022
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:		SERVPRO of Augusta/Waterville	
Brief Description of Goods/Services/Grant:		Emergency services for a water line break and restoration at the State House	

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.	The contractor provided equipment and personnel to provide water clean-up and restoration due to burst water pipes and flooding impacting the first floor of 210 State Street (State House) and the tunnel-connector between 210 State Street and 111 Sewall Street, including stairs and elevator.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Based on our experience with this contractor's ability to respond quickly for COVID cleanings, PMD reached out to them for an emergency response for a small leak which ultimately become a large leak due to an additional burst pipe resulting in major flooding.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	In the past, this contractor has been very competitive with pricing.
4. Describe the plan for future competition for the goods or services.	If this had not been an emergency situation, additional contractors would have been contacted.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP 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):			
Typed Name:	Jenny Hayden, Associate Commissioner	Date:	4-25-22
Signature of DAFS Procurement Official:			
Typed Name:	AEFD9C7B3A8044E... Justin Franzose	Date:	5/2/2022