



## 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.*

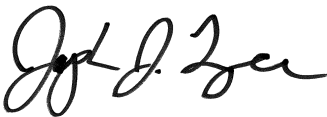
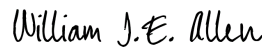
PART I: OVERVIEW			
Department Office/Division/Program:	Department of Veteran Emergency Management/ Maine Emergency Management Agency		
Department Contract Administrator or Grant Coordinator:	Tammy Thayer-Hardman		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 38,802.50	Advantage CT / RQS #:	RQS 20220426*1244
<b>CONTRACT</b>	Proposed Start Date:	<b>12/1/2021</b>	Proposed End Date: 2/28/2022
<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:	Augusta City of Augusta Maine		
Brief Description of Goods/Services/Grant:	Security/traffic control for Vaccination site (Augusta Armory)		

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.	A Vaccination Site was needed to administer Covid Vaccines. Located at the Augusta Armory 179 Western Avenue Augusta Maine
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Site is on a busy road and needed traffic control that could not be provided by the Agency.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The local Police Department was used because they have jurisdiction of the area that was used for the Vaccination site. The Augusta Armory on Western Avenue in Augusta Maine was used for the vaccination site.
4. Describe the plan for future competition for the goods or services.	N/A

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:	Joe Legee	Date:	May 4, 2022
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>2D5B6E39F57E44A...</small> William J.E. Allen	Date:	5/5/2022

NOI 0520220411 05/05/2022 - 05/11/2022