



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.


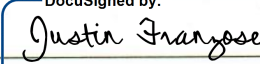
PART I: OVERVIEW			
Department Office/Division/Program:		Secretary of State, Bureau of Motor Vehicles	
Department Contract Administrator or Grant Coordinator:		Marc Theberge	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 24,000.00	Advantage CT / RQS #:	29B 20230310000000002312
CONTRACT	Proposed Start Date:	9/1/2024	Proposed End Date: 9/30/2028
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:		John R. Wald Company, 10576 Fairgrounds Road, Huntington, PA 16652	
Brief Description of Goods/Services/Grant:		CNC Press Break and safety feeder extended warranty for 4 years beyond normal warranty of 1 year.	

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.	<p>This CT is for an extended warranty for the CNC press break purchased on 2/14/2023 using BPO 29B 2023021400000000889. The extended warranty covers parts and labor for 5 years including the 1st year which is included in the purchase of the new press break. The new press is expected to be delivered in early September 2023. To purchase the extended warranty it must be purchased at the time of purchase of the new CNC press break. The warranty provides priority service as well as parts and labor. Since timely service, parts and labor are vital in the production of license plates and the maintenance of the new press, the extended warranty is also vital in the production of license plates.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>Cincinnati is the press break manufacturer. The selected vendor, J. R. Wald, is Cincinnati's sole representative and agent and provider of the extended warranty.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>Based on the hourly rate for the technician, travel time, lodging, parts, consulting fees from past service and maintenance this contract is reasonable.</p>
4. Describe the plan for future competition for the goods or services.	<p>To go out to bid for similar services and repair if there are other vendors that can provide the same service.</p>

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:	David Lachance	Date:	5/4/2023
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>AEEED9C7B3A8044E</small> Justin Franzose	Date:	5/5/2023