



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)	\$ 49,400.00	Advantage CT / RQS #:	29B 20230510000000001378
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:	D. A. Carson, Carpentry. INC., 30 Victory Lane, Glenburn, ME 04401. 207-990-3400		
Brief Description of Goods/Services/Grant:	To replace all the removed ceiling insulation, ceiling tiles and the cut-out area of the wall after remediation of the Scarborough BMV branch.		

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 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.

To replace the ceiling insulation, ceiling tiles, and the cut-out wall area that was removed due to remediation necessary from a flood through a broken roof drain at the Scarborough BMV branch back in February 2023. The scope of the area is attached to the RQS.

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

The contractor chosen has done work for BMV in the past in several locations. The contractor is fast, produces quality work and accommodates short notices in the case of an emergency request such as this at a reasonable cost.

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

The contractor moved his schedule around for BMV so that the work could be done in the time frame needed. Since the work is of an emergency status and due to the 1-day short window to start and finish this repair the contractor will have 6 to 7 employees on site all day until the work is complete. Based on this and that the quote includes all materials the quote was found to be reasonable.

Click or tap here to enter text.

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

Under normal circumstances BMV would request quotes from several contractors for this type of work but due to the need to reopen the BMV branch after more than a week of being closed, time is of the essence.

Click or tap here to enter text.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):	<i>David Lachance</i>	
Typed Name:	David Lachance	Date: 5/10/2023

Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> 2D5B8E39F57E44A...
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Typed Name:	William J.E. Allen
Date:	5/15/2023

NOI 0520230466 05/16/2023 - 05/22/2023