



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:		Judicial Marshal Office	
Department Contract Administrator or Grant Coordinator:		Ted Ross - Marshal	
(If applicable) Department Reference #:			
		15,000.00	Advantage CT / RQS #:
		20230424*2812	
CONTRACT AMENDMENT GRANT	Proposed Start Date:	09/01/2023	Proposed End Date:
	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Radiation Safety & Control Services, Inc. (RSCS), 93 Ledge Rd., Seabrook, NH 03874	
Brief Description of Goods/Services/Grant:		Conduct Mandatory Audit and Surveys for X-Ray Equipment in Courthouse Screening Locations	

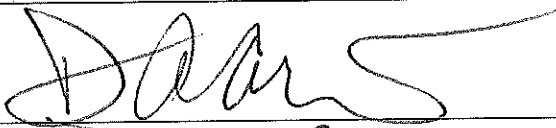
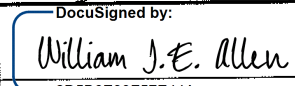
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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

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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.
Security and the screening process for those who enter the State Courthouses is paramount. A segment of this entry process is the use of x-ray machines to examine those items carried by and brought into the building by the public etc. To ensure the equipment, specifically x-ray machines emitting radiation, is operating properly they are required to be examined. We currently have 26 x-ray machines in operation across the state within our courthouses. The x-ray list is attached with this submitted PJF.	
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
This vendor is sole source and has performed the required tasks inspecting our equipment for many years and continues to work within the guidelines established by the State of Maine overseeing the .	
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
These rates are fair and reasonable due to a quote being provided (attached) which is an industry standard we see typically when requesting quotes for similar items and installation. Funding was/is utilized through current budget monies reallocated and represents an ongoing 2 year period.	
4.	Describe the plan for future competition for the goods or services.
With competition limited to specific vendors the Marshal Office will continue to maintain awareness of future options. It is unknown at this time what viable vendors will be available in the future.	

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:	Dennis Corliss	Date:	4/19/23
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>2D5B6E39F57E44A...</small> william J.E. Allen	Date:	5/25/2023