



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
STATE OF MAINE

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 #:				
20, 449.00		Advantage CT / RQS #:	20230511*3150	
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2024
	Original Start Date:		Effective Date:	
AMENDMENT	Previous End Date:		New End Date:	
	Project Start Date:		Grant Start Date:	
GRANT	Project End Date:		Grant End Date:	
	Vendor/Provider/Grantee Name, City, State: Access Control Systems, Inc., 38 Perry Rd. PO Box 7521, Milford, NH, 03055			
Brief Description of Goods/Services/Grant:		Preventative Maintenance, service, repair for all x-ray systems statewide in the OJM Inventory		

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.

As part of the screening process the OJM utilizes x-ray machines to maintain security and reduce the possibility of dangerous weapons from entering the courthouse(s). Due to utilizing x-ray machines, they utilize a radiological system within a cabinet unit, which by certification needs to be maintained, inspected, serviced and if needed repaired. ACS provides such service and has done so for several years.

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 servicing the current system and all related systems throughout the State to include both the x-ray systems as well as the walk through metal detectors. The vendor was originally selected as a sole source vendor due to lack of competition to service the State in the capacity in which it serves.

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. This is for maintenance, repair and service for all cabinet x-ray systems in the OJM inventory statewide.

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

With competition limited to vendors many miles away and the inability to provide statewide service, 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?

☐ 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):



Typed Name:

Dennis Carless

Date:

5/4/23

Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> 2D5B6E39F57E44A...		
Typed Name:	william J.E. Allen	Date:	5/25/2023

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