



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:		Mountain View Correctional Facility	
Department Contract Administrator or Grant Coordinator:		Chad Cooper, Deputy Warden	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$8,948.44	Advantage CT / RQS #:	03A 20240429*1539
CONTRACT	Proposed Start Date:	3/1/2024	Proposed End Date: 4/30/2024
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:		Southworth-Milton, Inc. Boston, MA	
Brief Description of Goods/Services/Grant:		Repair of emergency generator	

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 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.

The facility determined that its emergency power generator was leaking anti-freeze from the generator, causing the generator to no longer be operable. The generator provides emergency power to the correctional facility during a power outage and ensures continuous operations of door controls, security cameras, HVAC systems, and other safety systems. The facility required an immediate repair to the generator to avoid safety risks to staff and residents in case of a power outage.

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

The selected vendor is familiar with the generator systems at the facility and has a demonstrated quality service record for repairs done at the facility. The technicians are certified to work on the equipment, and the vendor was immediately available to troubleshoot the cause of the leak.

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

The parts and labor reflect market rate and are comparable to similar services we've received from other vendors in the past.

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

The Department has identified additional repairs needed for its generator system. Services to repair the generator further will be competitively sourced.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges [MRS Title 5, §18-A, 2.](#)

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Conner McFarland</i> FD522942914A4F8...		
Typed Name:	Conner McFarland	Date:	4/30/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Justin Franzose</i> AEED9C7B3A8044E...		
Typed Name:	Justin Franzose	Date:	5/1/2024