



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:		Maintenance & Operations Statewide	
Department Contract Administrator or Grant Coordinator:		Mahlon Presby	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,000+	Advantage CT / RQS #:	RQS20240319000000001360
CONTRACT	Proposed Start Date:	4/1/2024	Proposed End Date: 4/1/2025
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:		Washington Rock Quarries INC VC0000264578 P O Box 250 Orting, WA 98360	
Brief Description of Goods/Services/Grant:		Armorstone VT Overlay Aggregate 9800	

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.

This aggregate is required for the Thin Polymer Overlay Deck-Sil EP-1700 system to perform 3/8" thin lift wearing surface overlays on bridge decks. This is a high-performance, high friction wearing surface with a 10-year life using specific aggregate that needs to meet strict specifications. The aggregate needs to have a minimum hardness value of 7, crushed with all fractured face surfaces and sized between 3/64" to 3/16". The aggregate must then be washed and dried to a moisture content of less than 0.2%.

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

Armorstone VT Overlay aggregate is the only product readily available that meets the required specifications. No in-state aggregate producers were willing to crush to the needed size then wash and dry the aggregate.

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

Product price is Fair Market value. Current FOB price from vendor is \$230.00 per ton.

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

There are currently no other known vendors in the Northeast whose product meets specifications. Several in-state companies declined our request to produce like materials due cost of production and low volume. We will continue to contact vendors to see if they can make material to meet the specifications needed.

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):			
Typed Name:	William Pulver, C.O.O.	Date:	4-5-2024
Signature of DAFS Procurement Official:	<div data-bbox="560 609 844 714" style="border: 1px solid black; padding: 5px;"> <p><small>DocuSigned by:</small>  <small>2D5B6E39F57E44A...</small></p> </div>		
Typed Name:	William J.E. Allen	Date:	5/1/2024

NOI 0520240506 05/01/2024 - 05/07/2024