



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:		MaineDOT, Project Development, Materials Testing & Exploration	
Department Contract Administrator or Grant Coordinator:		James Ryan Robinson, Laboratory Testing Engineer	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 9,495.00	Advantage CT / RQS #:	RQS20240426000000001534
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:		Pine Test Equipment, Inc. VS0000021325 101 Industrial Drive (USPS) 104 Industrial Drive (UPS & FedEx) Grove City, PA 16127	
Brief Description of Goods/Services/Grant:		Service Agreement for Pine Test Equipment for calibration and preventative maintenance.	

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.

MaineDOT Pine gyratory compactors are critical pieces of laboratory testing equipment used to verify asphalt mixtures used in highway construction. Asphalt mixtures are a major component of our program and MaineDOT invests millions of dollars each year period to ensure accuracy of results and to maintain required laboratory accreditation, it is necessary for this equipment to be properly maintained and calibrated.

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

The service and calibration of this equipment is proprietary to the manufacturer and no other vendor would be capable or qualified to make actual repairs or adjustments to this equipment.

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

The cost of this service agreement is comparable to the cost of agreements we have had with other vendors for similar laboratory testing equipment.

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

The MaineDOT laboratory works with a variety of vendors for equipment calibration services and has changed working relationships as required based upon performance, customer service and cost. Because this equipment is so specialized, the vendors available to perform the service and calibration are almost always limited to the Manufacturer and not much can be done on our part to foster competition.

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: William Pulver

Date: 3-18-2024

Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> <small>2D5B6E39F57E44A...</small>		
Typed Name:	William J.E. Allen	Date:	5/2/2024

NOI 0520240511