



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 Branch/ Marshal Office	
Department Contract Administrator or Grant Coordinator:		Ted Ross- Marshal	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 32,514.44	Advantage CT / RQS #:	20240506*3122
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
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:		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 machine systems statewide as well as WTMD repair 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 and WTMD's to maintain security and *reduce* the possibility of dangerous weapons entering the courthouse(s). *Due* to utilizing the equipment, the x-ray machines utilize a radiological system within a cabinet unit, which by certification standards needs to *be* maintained, inspected, calibrated, and if *needed* repaired. ACS provides such service and has done so for the past 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 screening systems (x-rays and WTMD's) throughout the *State* as listed in the associated contract. The vendor was originally *selected* as a sole source vendor *due* to the lack of competition to service the entire 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 and WTMD's 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, 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: APPROVALS

The signatures below indicate approval of this procurement request.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Connor Smith</i> 755F066F9C634D0... 5/6/2024		
Typed Name:	Connor Smith	Date:	
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	5/7/2024