



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:		DACF- Maine Forest Service- Forest Protection Div.	
Department Contract Administrator or Grant Coordinator:		Jennifer Wright – Bolton Hill	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 9760.00	Advantage CT -01A	2024051300000003204
CONTRACT	Proposed Start Date:	5/1/2024	Proposed End Date: 12/30/2024
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:		Central Maine Electrical Services, Litchfield Maine	
Brief Description of Goods/Services/Grant:		Emergency repair of electrical lines in MFS Benton	

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 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.

Benton basement underwent the removal of mold in the basement. The wooden walls, sheetrock, wood, office files, etc. were removed and disposed. The removal of walls, resulted in electric lines, switches and outlets exposed, hanging and unattached.

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

Central Maine Electrical Services was hired to secure lines to existing walls and ceiling. Upon inspection, CMES discovered lines were damaged (mice chewing, broken and not to code). Presenting a fire threat and unsafe working environment, (existence of electric shock). CMES recommends immediate replacement as well as bringing up to code specifications.

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

This is an immediate necessary repair to protect the building and prevent injury to employees.

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

Bids will be submitted if time allows. This project needs an immediate response.

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

Does this request utilize ARPA/MJRP funds?

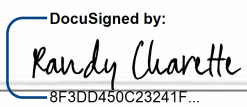

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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

X No – If No, proceed

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	FOR:  Randy Charette		
Typed Name:	Amanda E. Beal, Commissioner	Date:	5/16/2024
Signature of DAFS Procurement Official:	 Kathy Paquette		
Typed Name:	Kathy Paquette	Date:	5/22/2024