



**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:		Maine Public Utilities Commission	
Department Contract Administrator or Grant Coordinator:		David Braley, Director of Telephone and Water	
(If applicable) Department Reference #:		NA	
Amount: (Contract/Amendment/Grant)	\$ 58,800 (non-state funds)	Advantage CT / RQS #:	20240520*3330
CONTRACT	Proposed Start Date:	6/1/2024	Proposed End Date: 5/31/2026
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:		PTS Providers, Inc. San Ramon, CA	
Brief Description of Goods/Services/Grant:		The vendor will provision and maintain public interest payphones (PIPs) as outlined in 35-A M.R.S.A. Sections 7104 (6) and 7508. PIPs are intended to ensure a public welfare, health or safety policy objective by providing access to basic telephone services, often in remote areas.	

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
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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 current vendor is the only vendor that provides this service. They have previously won a competitive bidding process to secure the PIP contract and has agreed not to increase rates for at least two years to maintain services. In some cases, PIP payphones provide an important emergency function as a PIP may be the only way to dial 9-1-1 in some remote locations.

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

The previous RFP#201803049. The number of renewals will expire on 5/31/2023 per the current agreement. It is important to continue services in remote areas for safety reasons. Request for sole-source and emergency is due to time restrictions and PTS Providers as the only vendor that performs these services.

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

Cost remaining the same as the current contract for the next two-year term.

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

If new vendors become available to provide services, we will RFP future requests.

### 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.


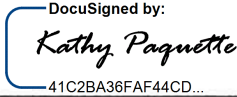
### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Amy Dumeny	Date:	5/16/2024
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	5/22/2024