



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Maine DOT Region 5 Fleet		
Department Contract Administrator or Grant Coordinator:		Anthony D Dow		
(If applicable) Department Reference #:		T03-135		
Amount: (Contract/Amendment/Grant)		\$ 7,381.50	Advantage CT / RQS #:	20250507000000001636
CONTRACT	Proposed Start Date:	3/13/2025	Proposed End Date:	4/24/2025
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:		Griffeth Ford Mitsubishi Caribou Maine		
Brief Description of Goods/Services/Grant:		T03-135 Replace Transmission and download new hardware to vehicle ECU.		

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.

We sent T03-135 to Impact Auto MA Agreement #24051600000000134 repair shop to have a 60,000-mile service done, along with an exhaust manifold leaking. The check engine light was on, so they performed a PCM self-test and found a code P07F7 which is: incorrect 10th gear ratio. Due to the nature of this diagnosis, it would require digging into the internal components of the transmission.

After discussions with Impact Auto and trying to determine the best course of action for this repair, which would include either rebuilding or installing a remanufactured transmission, it was determined because of warranties and software programming it would be beneficial to have an authorized Ford dealership perform this work. Once we consulted with Griffeth Ford, the options provided to us were, have it rebuilt and the warranty would be only 2 years, or go with a remanufactured transmission and that came with a 3-year warranty. This unit only had 64,680 miles at the time of repair, and we need this unit in our fleet and still have approximately another 80,000 miles to go before replacement.

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

The work needed to be done at an actual Ford dealership due to them having computer software for updating and downloading specific hardware into the vehicle's onboard computer.

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

This work would normally be done by our contracted shop and or our Fleet shop, however, because Ford has the software required to be installed into the vehicle's computer system and plus, they gave us a 3-year warranty on the remanufactured transmission, it made more financial sense to have them perform the work.

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

Our plan has always been and will continue to use our Fleet shop or contracted shops and only deviate from that in specific situations like this where dealerships hold the software needed and at times specialized tools.

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.

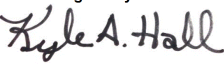
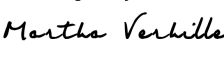
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	<small>DocuSigned by:</small>  <small>51BA1171F8B9463...</small>		
Typed Name:	Kyle Hall, Director, Maintenance & Operations	Date:	5/2/2025
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>891CE7A1493D45B...</small>		
Typed Name:	Martha Verhille	Date:	5/21/2025