



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.

| PART I: OVERVIEW | | | |
|---|---|--|---------------------------------|
| Department Office/Division/Program: | DAFS, BGS, Property Management Division | | |
| Department Contract Administrator or Grant Coordinator: | Valerie Russell | | |
| (If applicable) Department Reference #: | N/A | | |
| Amount: (Contract/Amendment/Grant) | \$ 19,170.10 | Advantage CT / RQS #: | 18A 20250520000000002775 |
| CONTRACT | Proposed Start Date: | 6/1/2025 | 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: | | Blake Thermal Sales & Service Inc. East Windsor, CT 06088 | |
| Brief Description of Goods/Services/Grant: | | 2025 Annual Cleaning & Tuning of Cleaver Brooks Boilers | |

| 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 checked="" 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.

The annual cleaning / tuning of these boilers requires factory trained personnel which includes proprietary computer software that is only available to the original equipment manufacturer (OEM) vendor.

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

This work requires original equipment manufacturer (OEM) specific training plus a higher licensure grade than what is available in house to complete this work.

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

As this is proprietary, we can only use this vendor. We have reviewed his quote and determine it is fair and reasonable.

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

If the work is not proprietary or if more vendors become available who are able to provide this specialized service, we would obtain bids for competition

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).

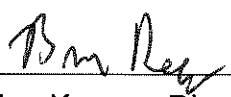

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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): |  5-25-25 | | |
| Typed Name: | Brian Keezer, Director | Date: | |
| Signature of DAFS Procurement Official: | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <small>DocuSigned by:</small>  <small>249502C7B71A49A...</small> </div> | | |
| Typed Name: | Thomas Paquette | Date: | 5/22/2025 |