



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:		DACF/Bureau of Parks and Lands/State Parks		
Department Contract Administrator or Grant Coordinator:		Jocelyn Hubbell		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 42,640.00	Advantage CT / RQS #:	01A 20250425*1558
CONTRACT	Proposed Start Date:	4/25/2025	Proposed End Date:	5/30/2025
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:		VC1000059243 Marine Rescue Products Inc., Newport, RI		
Brief Description of Goods/Services/Grant:		Specialized beach wheelchairs for adults and children, and beach walkers for use at Maine State Park beaches.		

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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	14 specialized wheelchairs and 3 specialized beach walkers are needed for our Beach Parks to provide access to people who would otherwise not be able to enjoy the Maine State Park beaches.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Marine Rescue Products Inc. is a specialized vendor, The high-quality wheelchairs and walkers they provide are specially adapted to use on deep sand beaches.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The rates are fair and reasonable, as they are very high-quality chairs with specialized tires and walkers with proven durability and recommended by lifeguards and ADA professionals. Cost can be as much as \$5,500 per beach wheelchair. Our cost is half that at \$2550 per adult wheelchair, \$2899 per youth wheelchair. Quality beach walkers can cost \$1500. Our cost is \$1250 per beach walker made of high-quality materials. We need to purchase high-quality beach wheelchairs and walkers to minimize the cost per year of use, and these products will last longer than lesser-priced ones. So, in the long run, this will provide cost savings. The total listed includes shipping costs of \$1,445.
4. Describe the plan for future competition for the goods or services.	In the future, when we need to purchase beach wheelchairs and walkers, we will again compare the prices and quality of the products of all available vendors. A different vendor may then rise to the top above the current vendor and be selected at that time.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
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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):	DocuSigned by: <i>Amanda Beal</i> <small>20AF3A2882BB4AA...</small>		
Typed Name:	Amanda Beal	Date:	5/2/2025
Signature of DAFS Procurement Official:	DocuSigned by: <i>Martha Verhille</i> <small>891CE7A1493D45B...</small>		
Typed Name:	Martha Verhille	Date:	5/29/2025