



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 \$10,000 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 Judicial Branch, Administrative Office of the Courts | |
| Department Contract Administrator or Grant Coordinator: | | Jeremy Gray | |
| (If applicable) Department Reference #: | | | |
| Agency Department Code: | 40A | Advantage CT / RQS #: | 20251027*1006 |
| Amount: (Contract/Amendment/Grant) | | \$14,075.84 | |
| CONTRACT | Proposed/Original Start Date: | 11/1/2025 | Proposed/Most Recent End Date: 2/28/2026 |
| AMENDMENT | New Effective Date: | | New End Date (if Applicable): |
| GRANT | Project Start Date: | | Grant Start Date: |
| | Project End Date: | | Grant End Date: |
| Vendor/Provider/Grantee Name, City, State: | | KONE PO BOX 22251 New York, NY 10087 | |
| Brief Description of Goods/Services/Grant: | | Code-required CAT5 full-load testing for all three (3) traction elevators at the Oxford County Courthouse. | |

| 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. Higher Education Cooperative Project | <input type="checkbox"/> | L. Other Authorization |

Please respond to ALL of the questions in the following sections.

| PART III: SUPPLEMENTAL INFORMATION | |
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| 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I. | |
| KONE holds the annual preventative maintenance agreement for elevators EL37715, EL37716, EL37717 at the South Paris courthouse. This code-required testing is required every 5 years and is not included in the annual preventative maintenance agreements. | |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable. | |
| As KONE holds the annual maintenance agreement they are the preferred vendor for this 5-year test. Additionally, selecting an alternate vendor for this service would result in KONE cancelling the annual agreement. | |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. | |
| The price for these services is in line with prior CAT-5 testing provided from KONE and other vendors at about \$5k per elevator. | |
| 4. Describe the plan for future competition for the goods or services. | |
| Future annual agreements will anticipate the need for CAT-5 testing and incorporate that into out contracts. | |


| PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP) | |
|---|--|
| Does this request utilize ARPA/MJRP funds? | |
| <input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s). | |
| <input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies. | |
| <input checked="" type="checkbox"/> No – If No, proceed to Part V. | |

| PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE | |
|---|--|
| <i>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.</i> | |
| <input checked="" type="checkbox"/> The requesting department’s signatory affirms, understands, and acknowledges Maine’s Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment. | |

PART VI: APPROVALS

Governor/Department Commissioner or Designee


1. The signature below indicates approval of this procurement request.

| | | | |
|--|---|-------|----------|
| Signature of requesting Department's Commissioner (or designee): |  | | |
| Typed Name: | Connor Smith | Date: | 5/4/2026 |

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

| | | | |
|--|--|-------|--|
| Signature of requesting Department's Commissioner (or designee): | | | |
| Typed Name: | | Date: | |

****OSPS Section Only****

| | | | |
|---|--|-------|----------|
| Signature of DAFS Procurement Official: |  | | |
| Typed Name: | Kathy Blais | Date: | 5/8/2026 |