



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:		DOWNEAST CORRECTIONAL FACILITY	
Department Contract Administrator or Grant Coordinator:		WILLIAM BEVERLY	
(If applicable) Department Reference #:			
Agency Department Code:	03A	Advantage CT / RQS #:	03D 20260424*1665
Amount: (Contract/Amendment/Grant)	\$22,673.00		
CONTRACT	Proposed/Original Start Date:	<b>2/18/2026</b>	Proposed/Most Recent End Date: 8/1/2026
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:		GATCOMB PLUMBING AND HEATING INC. CHERRYFIELD, ME	
Brief Description of Goods/Services/Grant:		ENERGY KINETICS COMMERCIAL BOILER	

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. Higher Education 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.	DCF is in need of a replacement boiler for the facility heating system as the current boiler is not repairable. There are 3 boilers that complete the heating system. The 2 currently running are in need of replacement limits and switches to continue to function and the replacement boiler is needed to make the system efficient and minimize strain on the 2 functioning units.
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.	Gatcomb Plumbing and Heating was selected as this is an emergency request and they are the vendor that could provide the boiler in the shortest amount of time. This is the only vendor in the area that works with this brand of boiler.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	As the service location is remote, this vendor is the only one in the vicinity that deals with Energy Kinetics commercial boiler systems.
4. Describe the plan for future competition for the goods or services.	DCF will keep looking for any new vendor that may be able to provide service for this type of boiler and will compare pricing if any are found.

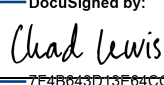
<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes,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

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <a href="#">Title 5, §18</a> and <a href="#">§18-A</a>, in harmony with MRS <a href="#">Title 17, §3104</a>.</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):	DocuSigned by:  <small>7F4B643D13E64CC...</small>		
Typed Name:	Chad Lewis	Date:	4/28/2026

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):	Signed by:  <small>8E48CAE00CCD407...</small>		
Typed Name:	Anthony Cantillo	Date:	4/28/2026

**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	Signed by: <b>Sterling Doiron</b> <small>4C537C52B586437...</small>		
Typed Name:	Sterling Doiron	Date:	5/12/2026

## Certificate Of Completion

Envelope Id: D23EFD99-BBDC-8E9B-81B5-442E5277ED83  
 Subject: Complete with Docusign: DCF EK-3 BOILER REPLACEMENT PJF.docx.pdf  
 Source Envelope:  
 Document Pages: 3  
 Certificate Pages: 1  
 AutoNav: Disabled  
 Envelopeld Stamping: Disabled  
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed  
 Envelope Originator:  
 Sterling Doiron  
 77 State House Station  
 111 Sewall Street  
 Augusta, ME 04333  
 Sterling.Doiron@maine.gov  
 IP Address: 198.182.163.113


## Record Tracking

Status: Original  
 5/12/2026 1:45:01 PM  
 Holder: Sterling Doiron  
 Sterling.Doiron@maine.gov  
 Location: DocuSign

## Signer Events

Sterling Doiron  
 Sterling.Doiron@maine.gov  
 Sterling Doiron  
 Security Level: Email, Account Authentication  
 (None)

## Signature

Signed by:  
  
**Sterling Doiron**  
4C537C52B586437...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 198.182.163.113

## Timestamp

Sent: 5/12/2026 1:59:14 PM  
 Viewed: 5/12/2026 1:59:21 PM  
 Signed: 5/12/2026 1:59:49 PM  
 Freeform Signing

**Electronic Record and Signature Disclosure:**  
 Not Offered via Docusign

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

## Witness Events

## Signature

## Timestamp

## Notary Events

## Signature

## Timestamp

## Envelope Summary Events

## Status

## Timestamps

Event	Status	Timestamp
Envelope Sent	Hashed/Encrypted	5/12/2026 1:59:14 PM
Certified Delivered	Security Checked	5/12/2026 1:59:21 PM
Signing Complete	Security Checked	5/12/2026 1:59:49 PM
Completed	Security Checked	5/12/2026 1:59:49 PM

## Payment Events

## Status

## Timestamps