



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 Division of 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Corrections/ Long Creek Youth Development Center	
Department Contract Administrator or Grant Coordinator:		Chris Maria Correctional Building Maintenance Supervisor	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)		\$ \$109,691.00	Advantage CT / RQS #:
CONTRACT	Proposed Start Date:	6/20/2022	Proposed End Date: 3/1/2023
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:		Exactitude 59 Banair Road Bangor, Maine 04401	
Brief Description of Goods/Services/Grant:		Emergency replacement of secure doors in 3 units	

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 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. 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 have been experiencing residents being able to kick their way out of their cells at will. The facility was built in 2000, and was for medium to minimum security residents. We are housing only high-risk residents, and all on a felony level. This presents a safety and security risk to both residents and staff. The new door is a detention grade door, which is thicker and has a truss system inside the core, for more strength.

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

This vendor is the original door installer for this building and has all the door blueprints. They are the best choice for us and our needs.

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

They have provided the best price in today's market. The next quote was over three times their amount for the same door.

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

We would seek quotes and use the bid process for any additional door needs.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

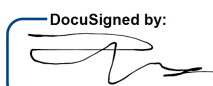
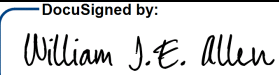
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	 <small>DocuSigned by:</small>			6/14/2022
Typed Name:	Randall Liberty, Commissioner	Date:	6/14/2022	
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small>			
Typed Name:	William J.E. Allen	Date:	6/17/2022	