

## 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:	DOL		
Department Contract Administrator or Grant Coordinator:	Samantha Fenderson		
(If applicable) Department Reference #:	N/A		
Amount: (Contract/Amendment/Grant)	\$ 21,190	Advantage CT / RQS #:	20230428*2984
CONTRACT	Proposed Start Date:	6/26/2023	Proposed End Date: 8/4/2023
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:	Northeast charter and tour company Inc.		
Brief Description of Goods/Services/Grant:	The Provider shall provide transportation services for northern and southern college bus tours for BRS clients.		



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. 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>	
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>	Available and accessible bus company (NORTHEAST CHARTER & TOUR CO) was hired to provide transportation services for northern and southern college bus tours for BRS clients.
<b>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</b>	Four bus and charter companies were solicited for quotes and availability (VIP tour and charter, CYR, Custom coach and limo and Northeast charter bus line). VIP tour and charter and CYR did not have any buses available at time of need. Custom Coach and Limo did not respond to the request. Northeast Charter bus line was chosen due to the 2-week availability and accessibility of vehicles
<b>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</b>	Northeast Charter bus line is providing a coach and driver for the two-week bus tour. The bus is accessible which was a requirement for participant on the bus tour. Other coach providers were contacted but were not able to supply the bus for the time frame. Cost of the bus is in line for industry standards.
<b>4. Describe the plan for future competition for the goods or services.</b>	The administrator will continue to solicit several bus companies for availability and accessibility.

<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 – If Yes, please attach the approved Business Case(s).
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

<b>PART V: APPROVALS</b>
The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	LAURA A. FORTMAN	Date:	6/7/2023
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	6/8/2023