



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:		Judicial Branch / Facilities	
Department Contract Administrator or Grant Coordinator:		Kevin Fogg	
(If applicable) Department Reference #:		W.Bath/OCCH	
Amount: (Contract/Amendment/Grant)	\$ 3892.87	Advantage CT / RQS #:	20230613*1551
CONTRACT	Proposed Start Date:	3/2/2023	Proposed End Date:
			4/11/2023
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:		Siemens, Scarborough, ME.	
Brief Description of Goods/Services/Grant:		HVAC repairs	

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.

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.
HVAC repairs were needed at Courthouses
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
Siemens was the vendor chosen based on availability, familiarity, and the BMS systems are Siemens software based at these locations also Siemens holds the HVAC PM contracts so this company knows the equipment better than others.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
Costs were in line with charges we see at other locations and other vendors
4. Describe the plan for future competition for the goods or services.
Procurement threshold being reached. Will follow the procurement process for following years since we know it will be at this level or higher.

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

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.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.	
Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Dennis Corliss</i>
Typed Name:	Dennis Corliss
Date:	6/13/2023
Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i>
Typed Name:	William J.E. Allen
Date:	6/14/2023

