



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.

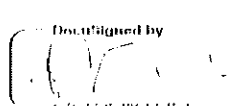
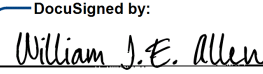
PART I: OVERVIEW			
Department Office/Division/Program:		Judicial Branch / Facilities	
Department Contract Administrator or Grant Coordinator:		Curt J Lefebvre / Facilities Engineer	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ 29394	Advantage CT / RQS #:	40A 20230518*1437
CONTRACT	Proposed Start Date:	3/1/2023	Proposed End Date: 5/31/2023
AMENDMENT	Original Start Date:	Click or tap to enter a date.	Effective Date:
	Previous End Date:	Click or tap to enter a date.	New End Date: Click or tap to enter a date.
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Clean Work Services, Bangor, ME. 04401	
Brief Description of Goods/Services/Grant:		Janitorial services at the Waldo Judicial Center	

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.	The Original contract ran out in March 2023 and needed a renewal. A renewal wasn't submitted due to staff shortages and overworked staff. A renewal has been done and will commence 6/1/2023.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This is just a three-month extension for the original RFP #201809182 that expired.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The three-month extension is the same monthly amount as the original contract awarded in 2017
4. Describe the plan for future competition for the goods or services.	A new five-year contract is in place, this extension just fills in the three month that lapsed between contracts. Click or tap here to enter text.

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):	
Typed Name:	Dennis Corliss
Date:	5/18/2023
Signature of DAFS Procurement Official:	
Typed Name:	William J.E. Allen
Date:	6/14/2023