



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:		Dixfield Fleet REG 3	
Department Contract Administrator or Grant Coordinator:		Kevin Davidson	
(If applicable) Department Reference #:		T03-918	
Amount: (Contract/Amendment/Grant)		\$ 6,942.45	Advantage CT / RQS #: 20240528000000001700
CONTRACT	Proposed Start Date:	<b>2/15/2024</b>	Proposed End Date: 2/16/2024
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:		Hight ford Skowhegan, ME. 04976	
Brief Description of Goods/Services/Grant:		PM/Engine light on "Fuel Control Truck"	

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 driver of T03-918 noticed that the vehicle had a check engine light on, so he reached out to the Skowhegan Fleet tech. He was advised garage was down people and had no availability or a technician to do any diagnostics on it. Checked with Augusta, and same circumstance, down techs, and had several vehicles waiting.

Reached out to Hight Ford, and they could get the truck in that day, so the decision was made to deliver the truck. Hight Ford tech indicated that the check engine light was on due to an emissions code. The emissions code was due to the catalytic converters being bad. They also found the exhaust manifold was cracked, and exhausts studs were broken.

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

Skowhegan/Dixfield Fleet are not equipped with a computer to diagnose automotive equipment. Ford assessed the issues with check engine light and was able to continue with additional repairs to get the truck back into service as the Fuel Control Truck was needed. All repairs were made, and truck check engine light was no longer an issue.

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

Hight Ford was able to start on the repairs that day. With Skowhegan Fleet being behind in repairs, as well as Augusta, approval was given to Hight Ford to move forward with the repairs as the truck needed to get back into service. It wasn't in the best interest to wait for Fleet availability for these repairs.

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

We are not currently able to provide any diagnostic computer services at Skowhegan or Dixfield Fleet without the automotive software.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

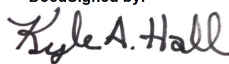
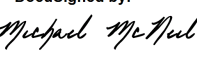
### PART V: CONFLICTS OF INTEREST (COI); PURCHASES BY THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department signatory understands and acknowledges [Title 17, Chapter 101, §3104](#).

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  51BA1171F8B9463...		
Typed Name:	Kyle Hall, Director Maintenance & Operations	Date:	5/24/2024
Signature of DAFS Procurement Official:	DocuSigned by:  7008790FB30A449...		
Typed Name:	Michael McNeil	Date:	5/31/2024

NOI 0620240628