



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:		Inland Fisheries and Wildlife/Sidney Facility	
Department Contract Administrator or Grant Coordinator:		Richard Parker, Director of Engineering	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 34,693.00	Advantage CT / RQS #:	20240520*3332
CONTRACT	Proposed Start Date:	5/20/2024	Proposed End Date: 9/30/2024
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:		VC1000031825, Garaventa USA, Inc, 735 East Industrial Park Drive Suite C, Manchester, NH 03109	
Brief Description of Goods/Services/Grant:		Supply and install replacement inclined wheelchair platform lift at IFW Sidney Facility 270 Lyons Road, Sidney ME	

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.

The lift is required to provide ADA access from the 1st floor to the 2nd floor of the facility. The existing lift is original to when the building was constructed and in excess of 20 years old. Repair parts are no longer available and lift has failed inspection forcing it to be taken out of service.

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

State elevator inspector offered two companies to call for pricing. Both were called and both declined due to location and size of project. Ver-Tran who serviced the existing lift recommended Garaventa. Garaventa offered a proposal that is very reasonably priced.

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

An online search was conducted for similar chair lift systems and proved the proposal from Garaventa to be very competitive.

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

In the future, aging infrastructure will be replaced prior to it being take out of service allowing for ample time to enter into the competitive bid process. Being out of service, the facility is not in ADA compliance and we must make every effort to regain compliance as quickly as possible.

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.

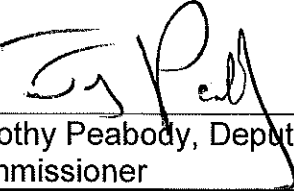
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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

Yes, the requesting Department understands and acknowledges [MRS Title 5, §18-A, 2.](#)

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
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Typed Name:	Timothy Peabody, Deputy Commissioner	Date:	5/22/2024
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Signature of DAFS Procurement Official:	DocuSigned by:  2D5B6E39F57E44A...		
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Typed Name:	william J.E. Allen	Date:	6/3/2024
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NOI 0620240633 06/03/2024 - 06/09/2024