



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:		Marine Resources/Bureau of Sea Run Fish		
Department Contract Administrator or Grant Coordinator:		Sean Ledwin/HQ Finance		
(If applicable) Department Reference #:		N/A		
Amount: (Contract/Amendment/Grant)		\$8,910.32	Advantage CT / RQS #:	13A 20240523000000001690
CONTRACT	Proposed Start Date:	5/20/2024	Proposed End Date:	5/20/2024
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:		Stiman Steel, Augusta, ME		
Brief Description of Goods/Services/Grant:		Emergency replacement of stocking truck bed, 2 <sup>nd</sup> 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 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 bed of the stocking truck was exposed to salt water and deteriorated faster than anticipated, this caused an unsafe working platform that needed to be fixed immediately. The old wooden surface was replaced with painted metal and will last much longer and provide a safe work platform

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

Stiman steel built the original frame for the truck and was the closest vendor to where our trucks are located. There was fear of the bed not supporting the tank, so the closest vendor was necessary. In addition, having built the original frame, this vendor was able to have the plans and know where key supports were to most efficiently complete the needed repair.

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

A new bed was estimated at nearly \$20K. Having the original bed re-surfaced was the most cost-efficient repair. Given the age of the truck, this bed will now outlast the engine of the vehicle.

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

This was an emergency fix that was time sensitive and necessary to have the original vendor complete. In the future if a new bed is needed, we will go through the bidding process.

### 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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting  
Department's Commissioner  
(or designee):

*Sean Ledwin*

Typed Name:

Sean Ledwin, Director

Date:

05/23/24

Signature of DAFS  
Procurement Official:

DocuSigned by:  
*Michael McNeil*

Typed Name:

7008796FB36A449...  
Michael McNeil

Date:

6/6/2024





# PJF RQS 20240523-1690

Final Audit Report

2024-05-23

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