

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

| | | | | |
|---|----------------------|---|---------------------|-----------|
| Department Office/Division/Program: | | DAFS/Central Fleet Mgmt | | |
| Department Contract Administrator or Grant Coordinator: | | Donny Crockett | | |
| (If applicable) Department Reference #: | | CFM PO# 920785 | | |
| Amount: (Contract/Amendment/Grant) | \$6,203.68 | Advantage CT / RQS #: | RQS18P20240603*1733 | |
| CONTRACT | Proposed Start Date: | 5/1/2024 | Proposed End Date: | 5/30/2024 |
| 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: | | Reliant Repair, Ashland, ME VC0000191036 | | |
| Brief Description of Goods/Services/Grant: | | Vehicle Transmission Repair (CONFIRMING) | | |

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

| | | | |
|----------|-----------------------------------|--|----------------------------------|
| | A. Competitive Process | | G. Grant |
| | B. Amendment | | H. State Statute/Agency Directed |
| X | C. Single Source/Unique Vendor | | I. Federal Agency Directed |
| | D. Proprietary/Copyright/Patents | | J. Willing and Qualified |
| | E. Emergency | | K. Client Choice |
| | F. University Cooperative Project | | L. Other Authorization |

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

This vehicle was brought to this vendor for diagnosis of transmission issues. The vendor attempted repairing the issues found with diagnostic scanner, but it was necessary to replace the transmission in the end.

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

This vendor's labor rate is far lower than the Ford dealer and closer proximity to the Agency's Ashland office. The vendor attempted repairing the issues found with diagnostic scanner, but it was necessary to replace the transmission in the end. Downtime was an issue as there are no replacement vehicles available, and it would be cost-prohibitive to tow to other vendors for additional estimates.

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

CFM has a vast Statewide network of approximately 400 vendors. Choosing this vendor includes factors such as location & proximity to the vehicle, reputation, past pricing and experience, and vendor's ability to repair in a timely manner to avoid costly downtime for the State Agency.

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

N/A-this is for an emergency repair that is not planned. CFM always seeks multiple estimates when available and prudent in the close proximity to the vehicle's location.

PART IV: APPROVALS

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

By signing below, I signify that I approve of this procurement request.

DocuSigned by:

David Morris

Printed Name:

David Morris

Date:

6/3/2024

**Signature of DAFS
Procurement Official:**

DocuSigned by:

Michael McNeil

Printed Name:

Michael McNeil

Date:

6/6/2024

NOI 0620240658