



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:		MDOT M&O Region 5	
Department Contract Administrator or Grant Coordinator:		Kevin Delong	
(If applicable) Department Reference #:		MA18P2002020000000000105	
Amount: (Contract/Amendment/Grant)	\$ 152,022.17	Advantage CT / RQS #:	RQS20240614*1793
CONTRACT	Proposed Start Date:	3/1/2020	Proposed End Date: 6/10/2024
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:		Contech Engineered Solutions VC1000018083 Atlanta, GA 31193-6362	
Brief Description of Goods/Services/Grant:		Culverts	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input checked="" 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 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 culverts were ordered 4/24/24 prior to the contract being renewed on 5/1/24 and being delivered on 5/20/24 the old master agreement was MA18P2002020000000000105. There was a gap between the old master agreement and the new agreement we happened to order within that gap.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This vendor currently had the master agreement for these items.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The prices charged were the contracted pricing from the prior agreement when ordered.
4. Describe the plan for future competition for the goods or services.	Do not order culverts close to the renewal of the master agreement, and make sure that there is not a window between the old and new master agreement.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> 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?	
<input type="checkbox"/> 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):			
Typed Name:	William Pulver, C.O.O.	Date:	6-13-2024
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>2D5B6E39F57E44A...</small>		
Typed Name:	william J.E. Allen	Date:	6/14/2024

NOI 0620240700