



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:		MaineDOT - Environmental Office	
Department Contract Administrator or Grant Coordinator:		Dwight Doughty, Jr.	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 5,951.12	Advantage CT / RQS #:	RQS 20240605000000001753
CONTRACT	Proposed Start Date:	Proposed End Date:	
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:		F.W. Webb Company, Oakland, ME 04963	
Brief Description of Goods/Services/Grant:		Plumbing supplies	

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.

Road salt application adversely impacted a private water supply well in Monmouth. Salt laden water corroded the home's internal plumbing and heating systems. Plumbing supplies acquired to remedy the damaged caused by MaineDOT.

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

Limited plumbing supply companies in the central Maine area. MaineDOT has used F.W. Webb Company for many years, and they consistently offer quality items for reasonable cost.

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

Plumbing supplies needed to repair damage caused by MaineDOT. F.W. Webb able to obtain all needed items in a timely manner so repair work could be undertaken before any failures in the plumbing or heating systems.

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

Unfortunately, the continued use of road salt for snow and ice control will require this type of work in the future. We anticipate subcontracting this work to avoid issues like this.

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.


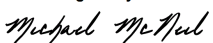
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

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:	6-3-2024
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>7008796FB36A449...</small> Michael McNeil	Date:	6/17/2024

NOI 0620240712