DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over $10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:	Downeast Correctional Facility				
Department Contract Administrator or Grant Coordinator:	Bill Beverly				
(If applicable) Department Reference #:					
Agency Department Code:	03D	Advantage CT / RQS #:	03A 20260526*1804		
Amount: (Contract/Amendment/Grant)	$12481.40				
CONTRACT	Proposed/Original Start Date:	**8/1/2025**	Proposed/Most Recent End Date:	6/1/2026	
AMENDMENT	New Effective Date:		New End Date (if Applicable):		
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:	GATCOMB PLUMBING & HEATING, CHERRYFIELD ME				
Brief Description of Goods/Services/Grant:	WELL PUMP REPLACEMENT				

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☐	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☒	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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 well pump at Downeast Correctional Facility was not working and is the only pump providing water to the facility. The pump needed to be replaced as soon as possible to continue providing water for facility needs.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

This pump is not common and therefore not stocked through supply companies. It needed to be built and shipped. Gatcomb Plumbing & Heating is the only vendor that services the DCF area and was able to have the pump built, delivered, and installed.

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

This vendor is the only vendor servicing the DCF area with the ability to order the proper equipment and install it. The price seemed fair and reasonable for this type of pump along with installation that includes heavy equipment to place the new pump.

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

Due to DCF's remote location and the unique nature of the goods procured, in the event of equipment failure in the future DCF will search for vendors that are able to provide this service and compare pricing among those able to fulfill the request.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS			
Governor/Department Commissioner or Designee			
1. The signature below indicates approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):	DocuSigned by: Conner McFarland FD5229429I4A4F8...		
Typed Name:	Conner McFarland	Date:	5/26/2026
2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.			
Signature of requesting Department's Commissioner (or designee):	Signed by: Anthony Cantillo 8E48CAE00CCD407...		
Typed Name:	Anthony Cantillo	Date:	5/26/2026

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: Justin Franzose AEED9C7B3A8044E...		
Typed Name:	Justin Franzose	Date:	6/1/2026