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:	DACF/Bureau of Parks and Lands/Southern Region Parks				
Department Contract Administrator or Grant Coordinator:	Samantha Wilkinson, Assistant Regional Manager				
(If applicable) Department Reference #:	Sebago Lake – Goodwin Well & Water Inc.				
Agency Department Code:	01A	Advantage CT / RQS #:	20260518*1765		
Amount: (Contract/Amendment/Grant)	$10,231.03				
CONTRACT	Proposed/Original Start Date:	**4/9/2026**	Proposed/Most Recent End Date:	4/15/2026	
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:	Goodwin Well and Water Inc., Turner, Maine				
Brief Description of Goods/Services/Grant:	Emergency repair to campground well pump and motor.				

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.

Emergency well pump repair at Sebago Lake State Park Campground.

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 unanticipated issue needed to be repaired prior to camping season for the health and safety of park visitors. Parks not have time to put this repair out to bid and create a contract. The vendor has done work for Maine State Parks in the past and is reliable contractor.

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

Repair costs are of market quota, within the same costs per hour materials as previous repairs at other parks. Manufactures warranty on pump and motor are included.

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

Parks will put routine services out to bid. This was an unexpected incident.

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):	Signed by: Jo D. Saffeir 35D91F71180246C...		
Typed Name:	Jo D. Saffeir	Date:	5/30/2026
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: Jo D. Saffeir 35D91F71180246C...		
Typed Name:	Jo D. Saffeir	Date:	5/30/2026

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: Justin Franzose AEED9C7B3A8044E...		
Typed Name:	Justin Franzose	Date:	6/2/2026