



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:	Judicial Marshal Office		
Department Contract Administrator or Grant Coordinator:	Ted Ross - Marshal		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 9,874.00	Advantage CT / RQS #:	20220609*1440
CONTRACT	Proposed Start Date:	6/13/2022	Proposed End Date: 6/30/2022
AMENDMENT	Original Start Date:		Effective Date:
GRANT	Previous End Date:		New End Date:
	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Seacoast Security Inc., PO Box A 290 West St., West Rockport, ME. 04865		
Brief Description of Goods/Services/Grant:	Repair and upgrade current Duress Alarms in Lewiston DC		

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.

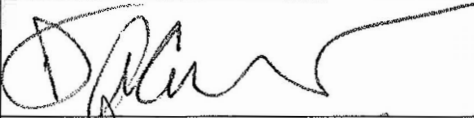
PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
Recently work was done in an area that housed all of our Duress and alarm systems for the Lewiston DC building. Inadvertently they were cut and removed requiring repairs evaluations and repairs to be performed. While doing so, it was learned that several duress alarms were not functioning properly in the building for emergency response(s). It was also found the duress buttons were antiquated and not replaceable requiring an updated system. This will also serve to support several other duress alarms that are in the process of consideration due to the expansion of Lewiston DC.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
This vendor is servicing the current duress and alarm system and all similar systems in the State. The vendor was originally selected during the competitive bid process and has served in this capacity since this point due to the uniqueness of the system(s) involved.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
These rates are fair and reasonable due to a quote being provided (attached) which is an industry standard we see typically when requesting quotes for similar items and installation. Funding was/is utilized through current budget monies reallocated.
4. Describe the plan for future competition for the goods or services.
With competition limited to vendors many miles away and the inability to provide statewide service, It is unknown at this time what viable vendors will be available in the future.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Dennis Carliss	Date:	6/16/22

Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> <small>2D5B6E39F57E44A...</small>		
Typed Name:	william J.E. Allen	Date:	7/12/2022

NOI 0720220683 07/12/2022 - 07/18/2022