



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
Table with 4 columns: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Advantage CT / RQS #, Proposed Start Date, Proposed End Date, Original Start Date, Effective Date, Previous End Date, New End Date, Project Start Date, Grant Start Date, Project End Date, Grant End Date, Vendor/Provider/Grantee Name, City, State, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION
Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with 4 columns: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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 coil in air handler #1, a heating unit at Marine Resources needs repair. The building cannot be heated to full potential until this repair is made.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Johnson & Jordan are familiar with the HVAC systems at the facility and are able to make the repair.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	This is an emergency repair that is being made because replacing the entire unit will be a 40 week wait which would put the facility with out proper heating during the winter months.
4. Describe the plan for future competition for the goods or services.	DMR will consider other qualified vendors in the future if able.

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):	 Meredith Mendelson (Jul 25, 2023 16:51 EDT)		
Typed Name:	Meredith Mendelson, Deputy Commissioner	Date:	Jul 25, 2023
Signature of DAFS Procurement Official:	 891CE7A1493D45B...		
Typed Name:	Martha Verhille	Date:	7/26/2023






PJF- CT 13A 20230725-168

Final Audit Report

2023-07-25

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