



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:		Judicial Branch/ Facilities	
Department Contract Administrator or Grant Coordinator:		Kevin Fogg	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 7400.00	Advantage CT / RQS #:	20240701*0011
CONTRACT	Proposed Start Date:	5/1/2024	Proposed End Date: 7/1/2024
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:		Awl n All LLC South Paris, ME	
Brief Description of Goods/Services/Grant:		service	

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 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 checked="" 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.

The HVAC units needed PM service on a routine basis. This is work that can't be completed by the building management Company, so this vendor was hired.

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

This was the only vendor who could complete this work in a timely manner, with a cost this low.

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

The procurement threshold being reached, we will follow the procurement process for the following years now that we know it will be at this level or higher.

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

Future unanticipated building repairs will be bid out in an RFP with a "not to exceed" amount.

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

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):

DocuSigned by:
Connor Smith
755F066F9C634D0...

Typed Name: Connor Smith

Date: 7/1/2024

Signature of DAFS
Procurement Official:

DocuSigned by:
Michael McNeil
7008790FB30A449...

Typed Name: Michael McNeil

Date: 7/8/2024

NOI 0720240786

