



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:		DAFS/Central Fleet Mgmt		
Department Contract Administrator or Grant Coordinator:		Donny Crockett		
(If applicable) Department Reference #:		CFM PO# 920379		
Amount: (Contract/Amendment/Grant)		\$ 12,438.35	Advantage CT / RQS #:	RQS18P20240702*17
CONTRACT	Proposed Start Date:	5/1/2024	Proposed End Date:	6/25/2024
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:		Daniel's Auto Body VC0000226179 Gardiner, ME		
Brief Description of Goods/Services/Grant:		Vehicle Accident Repair (CONFIRMING)		

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.

This vehicle was damaged in an accident with a deer rendering it inoperable. This vendor supplied a complete estimate with the lowest labor rate based on initial inspection in the vehicle's/driver's region of the State.

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

The vehicle was towed to this vendor after being incapacitated in an accident. To provide the most accurate estimate, it is necessary to remove/inspect damaged portions of the vehicle to identify needed repairs. Other vendors will not go to a competitor to perform an inspection for an estimate. It would be cost-prohibitive to tow to other vendors for additional estimates.

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

CFM has a vast Statewide network of approximately 400 vendors. Choosing this vendor includes factors such as location & proximity to the vehicle, reputation, past pricing and experience, and vendor's ability to repair in a timely manner to avoid costly downtime for the State Agency.

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

N/A-this is for an emergency repair that is not planned. CFM always seeks multiple estimates when available and prudent in the close proximity to the vehicle's location.

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) – 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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>David Morris</i> 2A644AE5681E482		
Typed Name:	David Morris	Date:	7/2/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Michael McNeil</i> 7008790FB30A49...		
Typed Name:	Michael McNeil	Date:	7/8/2024

NOI 0720240787