



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:		DHHS Riverview Psychiatric Center	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		RPC-24-049	
Amount: (Contract/Amendment/Grant)	\$ 17,111.00	Advantage CT / RQS #:	RQS 10A 20240411000000001479
CONTRACT	Proposed Start Date:	4/26/2024	Proposed End Date: 7/31/2024
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:		Augusta Fuel Company Augusta, ME	
Brief Description of Goods/Services/Grant:		Repair Sewer Pipe Beneath RPC Kitchen Floor	

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 purpose of this agreement is to repair a broken 4" sewer pipe beneath the Department's Riverview Psychiatric Center (RPC) kitchen floor and has necessitated immediate repair replacement of; (1) grease trap; (2) 4" sewer pipe & (3) 36 square feet of concrete / tile flooring.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
 RPC Facilities solicited 3 vendors to perform the repair scope of work. One company stated it would subcontract the work to Augusta Fuel Company (AFC). A second company no bid the work and the 3rd company is AFC. AFC has performed similar scopes of work for RPC and RPC Director of facilities advised this writer that AFC's past work has been impeccable.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
 AFC pricing is the lowest pricing of the vendors solicited.

4. Describe the plan for future competition for the goods or services.
 Per RPC Director of Facilities, RPC will attempt to competitively solicit similar future work.

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.

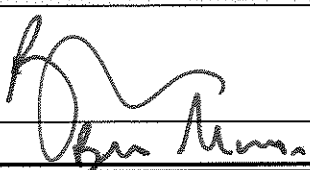
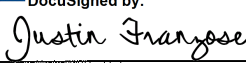
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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):		Date:	7/17/24
Typed Name:		Date:	
Signature of DAFS Procurement Official:	DocuSigned by: 	Date:	7/18/2024
Typed Name:	Justin Franzone	Date:	