

**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:		DPFR/OPOR/Manufactured Housing Board	
Department Contract Administrator or Grant Coordinator:		Peter T. Holmes	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,000	Advantage CT / RQS #:	20220725*274
CONTRACT	Proposed Start Date:	7/25/2022	Proposed End Date: 6/30/2023
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:		A.E. Hodsdon Consulting Engineers	
Brief Description of Goods/Services/Grant:		Analysis of existing roof framing for various recently constructed manufactured homes	

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 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 Manufactured Housing Board recently discovered that there are approximately 33 manufactured homes with a total of 8 different models delivered that do not meet the snow loading required for the area of the state that they are being installed in.

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

This vendor was selected both because they are an approved engineering firm for BGS as well as they have a known history of experience with manufactured housing. These are HUD code homes and need an engineer who understands the parameters under which they are built and how their unique construction affects roof load capabilities. They have worked with homeowners and the Board on a number of matters including foundation systems for manufactured homes and structural design and approval of accessory buildings attached to manufactured housing.

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

The cost is reasonable due to the ultimate goal of assuring that the corrections proposed by the manufacturer protect the affected Maine consumers from possible roof failure due to inadequate roof load designs. Manufactured housing is a specific area of expertise and we need engineers experienced with these structures. My research has shown that the average per hour cost nationally of structural engineers is \$100 - \$200. AE Hodsdon Engineers are well within the average, with per hour rates of \$75-\$140.

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

Since this service is needed to correct what is thought to be a one-time issue, we don't anticipate the need for a plan for future competition.

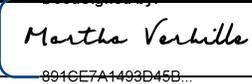
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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):	<i>Anne L. Head</i>		
Typed Name:	Anne L. Head	Date:	7/25/2022
Signature of DAFS Procurement Official:	 <small>001CE7A1403D45D...</small>		
Typed Name:	Martha Verhille	Date:	8/10/2022