



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:	MDOC Firearms training Unit		
Department Contract Administrator or Grant Coordinator:	Bret Smith		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$6,235,00	Advantage CT / RQS #:	2220811*224
CONTRACT	Proposed Start Date:	8/8/2022	Proposed End Date: 8/8/2025
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:	AAA Police Supply 940 Providence Highway Dedham, MA 02026		
Brief Description of Goods/Services/Grant:	Simunitions, safety gear and Police supply		

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.

The equipment requested for purchase is necessary for the training of the department's firearms qualified staff.

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

This vendor is the only vendor for these products in the Northeast.

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

The costs quoted are determined by the manufacturer and are fair compared to others.

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

We would plan to use to the same vendor for these items in the future.

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>Mark S. McCarthy</i>		
Typed Name:	Mark McCarthy	Date:	8/10/2022
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Sue H. Garcia</i>		
Typed Name:	<small>E5DB92AC0F8D490...</small> Sue H. Garcia	Date:	8/25/2022