

**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:		Secretary of State, Bureau of Motor Vehicles			
Department Contract Administrator or Grant Coordinator:		Cathie Curtis, Deputy Secretary of State			
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)		\$12,620.00	Advantage CT / RQS #:	20230731000000000189	
CONTRACT	Proposed Start Date:	8/1/2023	Proposed End Date:	6/30/2024	
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:		JR Wald 10576 Fairgrounds Rd Huntingdon, PA 16652			
Brief Description of Goods/Services/Grant:		Relocation of palm buttons on plate shop press brake			

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.	Currently there is only one set of palm buttons to operate 2 presses at the Bolduc Correctional Facility plate shop. This means that the one set must get re-set for use with the second printer every time the 2 nd printer is used.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	They are the vendor who supplies the press used at the Bolduc Correctional Facility plate shop.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The cost of this project was reduced by removing the palm buttons from the press being decommissioned. We still need to pay for the installation.
4. Describe the plan for future competition for the goods or services.	Similar projects to this will be put out to bid in the future if applicable.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):			
Typed Name:	David Lachance	Date:	7/31/23
Signature of DAFS Procurement Official:			
Typed Name:	Justin Frayzose	Date:	8/9/2023