



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:		MJB OIT	
Department Contract Administrator or Grant Coordinator:		David Plourde	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 12,567.00	Advantage CT / RQS #:	20240731*0147
CONTRACT	Proposed Start Date:	5/1/2024	Proposed End Date: 5/31/2024
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:		Presumpscot-Portland Investors LLC PO Box 788646, Philadelphia, PA 19178-8646	
Brief Description of Goods/Services/Grant:		Electrical Work	

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.	Training room required a sub panel and electrical outlets to be fixed before the roll out of the Odyssey training room. Delays in this rollout would have hindered the continued planned roll out of Odyssey across the State, resulting in tens of thousands in delay damages.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	MJB facilities was not able to acquire an electrician in the time frame required for the Odyssey training room to be completed in time. The owner of the building was contacted to make the repairs and brought in his contractor to do the work. Was paid in accordance with lease agreement for work completed.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	This electrician was provided by the building owner at their agreed upon rates. Rates were deemed to be within the market standard for work of this nature.
4. Describe the plan for future competition for the goods or services.	None needed as the training room is complete. If possible, MJB will use state resources when available.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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>Connor Smith</i> <small>755F066F9C634D0...</small>			8/6/2024
Typed Name:	Connor Smith	Date:		
Signature of DAFS Procurement Official:	DocuSigned by: <i>Sherri Brooker</i> <small>DE7E68805EFB419...</small>			
Typed Name:	Sherri Brooker	Date:	8/7/2024	