



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:		Maine Judicial Branch		
Department Contract Administrator or Grant Coordinator:		Ted Ross		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$30,000.00	Advantage CT / RQS #:	20231219*1757
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	1/1/2024	Effective Date:	12/31/2025
	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:		Lincoln County Sheriffs Department		
Brief Description of Goods/Services/Grant:		Court Security Services		

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 checked="" 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 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 Lincoln County Sheriffs department provides security and screening services at the Lincoln County Court House.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	When the Judicial Branch Marshalls need security services beyond what they are able to provide they contract with the county Sheriffs office for that given location.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Negotiations included the request in the supplemental budget to an increased monthly allotment. It was granted by the legislature.
4. Describe the plan for future competition for the goods or services.	The Marshalls will continue to sole source to Sheriff's offices for given location for services.

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); PURCHASES BY THE STATE	
Does the requesting Department signatory understand and acknowledge Maine's COI Statute?	
<input checked="" type="checkbox"/> Yes, the requesting Department signatory understands and acknowledges Title 17, Chapter 101, §3104 .	

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> 755E066F9C634D0...		
Typed Name:	Connor Smith	Date:	7/16/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	8/9/2024