



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:		Corrections, Maine State Prison		
Department Contract Administrator or Grant Coordinator:		Robert Walden		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$17,809.06	Advantage CT / RQS #:	RQS 03B 20240724*0114
CONTRACT	Proposed Start Date:	10/19/2023	Proposed End Date:	3/26/2024
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:		Johnson Controls Fire Protection, Westbrook, Maine		
Brief Description of Goods/Services/Grant:		Fire Alarm and Detection Service - Repairs		

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.

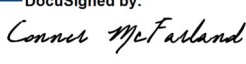

PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Repair Fire Alarm and Detection Service at Maine State Prison in order to remedy deficiencies.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Department has a facility-wide preventive maintenance contract with Johnson Controls for fire alarm/sprinkler testing and inspection under CT 03A 20240130*2112. While this repair work falls outside of the maintenance contract, Johnson Controls is the obvious choice to remedy the deficiencies at this point in time.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Price was reasonable based on Market Rate Comparisons of Similar Parts as well as preferred rates given our long-standing relationship with the vendor.
4. Describe the plan for future competition for the goods or services.	The Department will seek competitive bids in advance of expiration of the named contract.

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	
Does the requesting Department signatory understand and acknowledge Maine’s COI Statute?	
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.	

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  7/31/2024 <small>FD522942914A4F8...</small>		
Typed Name:	Conner McFarland, Manager of Correctional Operations	Date:	
Signature of DAFS Procurement Official:	DocuSigned by:  <small>7008796FB36A449...</small>		
Typed Name:	Michael McNeil	Date:	8/14/2024

NOI 0820240928