



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:		Bolduc Correctional Facility		
Department Contract Administrator or Grant Coordinator:		Robert Walden		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 9,013.20	Advantage CT / RQS #:	03B 20240702*0018
CONTRACT	Proposed Start Date:	8/1/2024	Proposed End Date:	10/31/2024
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:		Johnson Controls Fire Protection Westbrook, Maine		
Brief Description of Goods/Services/Grant:		Clean and evaluate sprinkler heads at Bolduc		

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 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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Fire Alarm/Sprinkler testing and inspection of MDOC facilities is not only a DOC/state policy requirement but it also provides the Department with critical safety measures as well, adhering to important NFPA life safety guidelines. At Bolduc Correctional Facility, cleaning of the sprinkler heads has been identified by the State Fire Marshal’s Office as a deficiency and safety risk.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Maine DOC has a PM/service contract with the proposed Provider which is effective through 1/31/2025. However, the work required to remedy the deficiencies falls outside of the service contract so a separate contract with said Provider is being sought. Further, given that it is a safety risk, we are requesting an emergency procurement to remedy this as soon as possible. As the Department’s long-standing provider of these services, JCFP is the logical choice to meet this emergency need.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Johnson Controls has provided a quote for this work, the cost is consistent with other work performed by this provider which the Department considers to be fair and reasonable.
4. Describe the plan for future competition for the goods or services.	DOC is actively seeking a long-term PM contract for these services via the competitive process. The awardee will be called upon for off-contract work as well.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
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.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
Does the requesting Department signatory understand and acknowledge Maine’s COI Statute?	
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges <a href="#">MRS Title 5, §18-A, 2.</a>	

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	Signed by: <i>Anthony Cantillo</i> 8E48CAE00CCD407... 8/9/2024		
Typed Name:	Anthony Cantillo, Deputy Commissioner	Date:	
Signature of DAFS Procurement Official:	DocuSigned by: <i>Sherri Brooker</i> BE7E88805EFD419...		
Typed Name:	Sherri Brooker	Date:	8/20/2024