



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:		DOC/MVCF	
Department Contract Administrator or Grant Coordinator:		Chad Cooper	
(If applicable) Department Reference #:		NA	
Amount: (Contract/Amendment/Grant)	\$ 8,314.22	Advantage CT / RQS #:	03E 20240726*128
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 8/31/2024
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:		Allegiance Trucks Hermon, ME	
Brief Description of Goods/Services/Grant:		Dump Truck Repair	

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 checked="" 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.	<p>The international truck is used almost daily to provide services to the facility and various programs operated at the facility. The Transmission Control Module (TCM) manages and controls the vehicles transmission operation and the Body Control Module (BCM) controls systems in the truck such as turn signals and windshield wipers. Both are malfunctioning and in need of replacement.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>A quote was obtained from Allegiance for the BCM and TCM programming due to Allegiance being an International Dealer.</p> <p>DOC then reached out to Ballard Truck Center who stated they may be, but were uncertain, able to work on the TCM but they would be unable to complete the BCM and recommended we contact Allegiance.</p> <p>DOC also reached out to Freightliner of Maine Truck Center in Bangor and asked if they would be able to install and program a BCM and TCM in an International 7600. They stated they could not due to the work requiring “specific software” and they recommended we contact Allegiance as they are an International Dealer with that required software.</p> <p>After this search, it is evident that Allegiance is the only vendor in the area who can perform this work due to the proprietary nature of the software and equipment and they are the only International Dealer.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The costs were determined to be fair and reasonable based on costs comparisons with other truck repairs.</p>
4. Describe the plan for future competition for the goods or services.	<p>DOC will continue to follow procurement rules, as required. If other vendors become available who can provide these services, DOC will competitively bid for future services, when appropriate.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

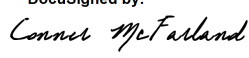
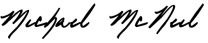
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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](#).

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:  FD522942914A4E8...		
Typed Name:	Conner McFarland, Manager of Correctional Operations	Date:	7/29/2024
Signature of DAFS Procurement Official:	DocuSigned by:  7008796FB36A449...		
Typed Name:	Michael McNeil	Date:	8/23/2024

NOI 0820240961