



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 DOT Region 2 Fleet		
Department Contract Administrator or Grant Coordinator:		Michael Colson		
(If applicable) Department Reference #:		T03-020		
Amount: (Contract/Amendment/Grant)		\$ 5,149.87	Advantage CT / RQS #:	
CONTRACT	Proposed Start Date:	6/25/2024	Proposed End Date:	7/2/2024
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:		Quirk Ford, Augusta me.		
Brief Description of Goods/Services/Grant:		Repairs to T03-020 a multimodal truck that lacked power and was running rough and had check engine light on.		

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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>	<p>T03-020 had a check engine light on, because Fleet Service and the regions doesn't have the diagnostic tools available to diagnose it was decided to send to a vendor to diagnosis and repair if needed. While there it was also decided to have a 5000-mile service (PMA) done.</p> <p>While vendor tech was doing service, he noticed state inspection was also due. The service manager called and asked if we would like to have the inspection taken care of as well and we agreed. When the technician hooked up the diagnosis tool it showed codes for catalytic converter and spark plugs. After further examination vendor tech found the converter was plugged. He replaced converter and spark plugs, now check engine light is out, and truck runs fine.</p> <p>This is one of three rail trucks used to check and repair railroad tracks. Repairs totaling \$5,149.87 were made. The move forward with these repairs was made consistent with Maine DOT Fleet Management's guidance considering the vehicle's age, mileage, and anticipated replacement schedule. The decision to use a commercial repair facility was made after careful consideration of the availability and expertise of Department personnel and the operational need to get the equipment back in service.</p>
<b>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</b>	<p>The Fleet Augusta heavy equipment shop was down ten technicians. Region 2 was down one field technician. The vendor for this work has Ford trained technicians and along with all the special tools needed for the repair and replacement of the parts associated with the issue. The magnitude of this repair was considered, and the logical decision was to send this unit to a vendor.</p> <p><a href="#">Click or tap here to enter text.</a></p>
<b>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</b>	<p>Quirk Ford is a Ford vendor, and we have had work done there in the past. They are able too efficiently and cost effectively do a repair of this significance due to factory/dealer training and special tooling. This repair would not have been something the department could have cost effectively done and completed in a timely manner.</p>
<b>4. Describe the plan for future competition for the goods or services.</b>	<p>We currently use multiple Ford vendors within the region, depending on the location of the truck when repairs or service is needed.</p>

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
<b>Does this request utilize ARPA/MJRP funds?</b>	
<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.	

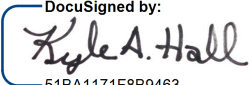
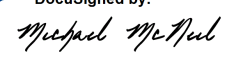
<b>PART V: CONFLICTS OF INTEREST (COI); PURCHASES BY THE STATE</b>	
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Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

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:  <small>51BA1171F8B9463...</small>		
Typed Name:	Kyle Hall, Director Maintenance & Operations	Date:	8/19/2024
Signature of DAFS Procurement Official:	DocuSigned by:  <small>7008796FB36A449...</small>		
Typed Name:	Michael McNeil	Date:	8/23/2024

NOI 0820240962