



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Maintenance & Operations Statewide		
Department Contract Administrator or Grant Coordinator:		Ben Foster		
(If applicable) Department Reference #:				
Agency Department Code:	17A	Advantage CT / RQS #:	MA2405080000000000130	
Amount: (Contract/Amendment/Grant)		\$10,000.00 +		
CONTRACT	Proposed/Original Start Date:		Proposed/Most Recent End Date:	
AMENDMENT	New Effective Date:	6/1/2025	New End Date (if Applicable):	5/31/2027
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Washington Rock Quarries INC VC0000264578 P O Box 250 Orting, WA 98360 Armorstone VT		
Brief Description of Goods/Services/Grant:		Overlay Aggregate 9800		

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. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization
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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.	Aggregate required for Thin Polymer Overlay system to perform Wearing Surface repair.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.	Aggregate specifications required for Thin Polymer Overlays. Armorstone VT Overlay aggregate is the only product readily available that meets specifications.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Product price is Fair Market value. The current price from vendor is \$230.00 per ton.
4. Describe the plan for future competition for the goods or services.	<p>There are currently no other known vendors in the Northeast whose product meets specifications.</p> <p>Several local companies declined our request to produce like materials due cost of production. We will continue to contact vendors to see if they can make material to meet the specifications needed.</p>

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


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's signatory understands and acknowledges Maine's Conflict of Interest statutes and, in accordance with statute, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

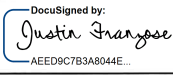
PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	William Pulver, C.O.O.	Date:	8-18-2025
2. Additional signature required ONLY if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the <u>designee</u> specifically authorized to approve emergency procurement requests.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:			
Typed Name:	Justin Franzose	Date:	8/20/2025