



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

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:		Maine Judicial Branch - Facilities	
Department Contract Administrator or Grant Coordinator:		Jeremy Gray	
(If applicable) Department Reference #:			
Agency Department Code:	40A	Advantage CT / RQS #:	20250528*2851
Amount: (Contract/Amendment/Grant)		\$30,000.00	
CONTRACT	Proposed/Original Start Date:	6/1/2025	Proposed/Most Recent End Date: 5/31/2026
AMENDMENT	New Effective Date:	6/1/2026	New End Date (if Applicable): 9/30/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maine Real Estate Management LLC, Bangor, ME	
Brief Description of Goods/Services/Grant:		Building Management Services for the Oxford	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☒	B. Amendment	☐	H. State Statute/Agency Directed
☐	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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.

Building Management Services are necessary for the day to day upkeep of courts throughout the State. Building Managers handle the daily operations, upkeep, and minor repairs of the courts to allow for safe public access to services

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.

MREM has provided these services in the past and was willing to take the contracts over on short notice for the same amount that was awarded to the original vendor.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Rates were set through the award of RFP 202409174.

4. Describe the plan for future competition for the goods or services.

An RFP is in the process of being run.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, 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):DocuSigned by:
Connor Smith
755F066F9C634D0

Typed Name: Connor Smith

Date: 8/10/2026

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 designee 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:DocuSigned by:
Michael McNeil
7008796FB36A449...

Typed Name: Michael McNeil

Date: 8/11/2026

NOI 0820260594 8/11-8/17