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:	IFW Bureau of Warden Service			
Department Contract Administrator or Grant Coordinator:	Cynthia Rego			
(If applicable) Department Reference #:	20260714*0078			
Agency Department Code:		Advantage CT / RQS #:		
Amount: (Contract/Amendment/Grant)	$29,201.00			
CONTRACT	Proposed/Original Start Date:	5/1/2026	Proposed/Most Recent End Date:	12/31/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	Click or tap to enter a date.
	Project End Date:		Grant End Date:	Click or tap to enter a date.
Vendor/Provider/Grantee Name, City, State:	Waldo County Sheriff's Office 6 Public Safety Way, Belfast, ME 04915			
Brief Description of Goods/Services/Grant:	William Nichols BLETP Reimbursement			

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.
Warden Service hired William Nichols. Waldo County Sheriff's Office initially paid for William Nichols to attend the BLETP at MCJA. He worked for Waldo County for three years before being hired by the Maine Warden Service, therefore pursuant to Title 25 §2808; Sharing of training costs, we need to reimburse Waldo County according to the rate schedule.
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.
Pursuant to Title 25 §2808; Sharing of training costs, the MCJA Board of Trustees published BLETP reimbursement rates.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
Pursuant to Title 25 §2808; Sharing of training costs, the MCJA Board of Trustees published BLETP reimbursement rates.
4. Describe the plan for future competition for the goods or services.
We will explore other vendor options as needed in the future.

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'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):			
Typed Name:	Timothy Peabody	Date:	7/14/26
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: Joan Bolduc 7B0189231C9846A...		
Typed Name:	Joan Bolduc	Date:	8/13/2026