



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:		Department of Agriculture, Conservation and Forestry Bureau of Parks and Lands, Eastern Region Public Lands	
Department Contract Administrator or Grant Coordinator:		Doug Reed	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 42,000.00	Advantage CT / RQS #:	CT20220801*0333
CONTRACT	Proposed Start Date:	9/1/2022	Proposed End Date: 8/31/2025
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:		KI Jo-Mary, North Maine Woods PO Box 425 Ashland, ME 04732 Tel 207-435-6213 Tom@northmainewoods.org	
Brief Description of Goods/Services/Grant:		Setup, maintenance and shutdown of equipment for automated gated located at Henderson Checkpoint.	

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.

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.

The Bureau owns and manages the Nahmakanta Public Lands, which is accessible by crossing privately owned land on a privately owned road system. In order to maintain the traditional public access route to the unit, the Bureau must contract with KI Jo-Mary to operate a checkpoint for access to the area.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The Bureau is obligated to control access from the Nahmakanta Unit into the North Maine Woods System by agreement when the Unit was first purchased.

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

The majority of the fee covers maintenance of computers, electronics, solar panels and generators to run the gate. There is also 24 hour monitoring by KI Jo-Mary staff from a remote location. When the manual gate was in use, the Bureau paid \$25,000-\$30,000 annually for operating this gate.

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

KI Jo-Mary is the only contractor authorized to operate gates for the North Maine Woods. The Bureau constructed an automatic gate in 2009, which KI Jo-Mary operates and maintains. Other entities are not authorized to operate this gate.

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

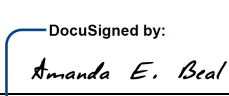

Does this request utilize ARPA/MJRP funds?

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

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	20AF3A2882BB4AA...	Date:	8/30/2022
Signature of DAFS Procurement Official:			
Typed Name:	Sue H. Garcia	Date:	8/31/2022