

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

### PART I: OVERVIEW

Department Office/Division/Program:		Department of Defense, Veterans and Emergency Management			
Department Contract Administrator or Grant Coordinator:		Sherri Brooker, Contract Grant Specialist			
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)	\$6,442.16	Advantage CT / RQS #:	15A 20220817*0257		
CONTRACT	Proposed Start Date:	3/25/2022	Proposed End Date:	3/25/2022	
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:		Kokernak LLC 12 Southern Lane West Gardiner, Maine 04345			
Brief Description of Goods/Services/Grant:		Emergency call for generator repair			

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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 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 checked="" type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

### PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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### PART III: SUPPLEMENTAL INFORMATION

**Building 14 generator system shut down, coolant and oil leaking.**

#### 2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Vendor was used as he has done generator work on other facilities for us and was available.

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

With this being an emergency repair, we used the contractor who has done work for us and was able to come immediately to remedy the failing unit.

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

A new contract will be done for this service.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
	<i>Scott A. Young</i> <small>8EDC934E194048D</small>		
<b>Printed Name:</b>	Scott Young	<b>Date:</b>	8/17/2022
<b>Signature of DAFS Procurement Official:</b>	<i>Michelle Fournier</i> <small>066BBD96EE5347E</small>		
<b>Printed Name:</b>	Michelle Fournier	<b>Date:</b>	9/8/2022