



## 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.*

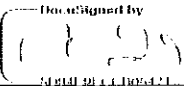
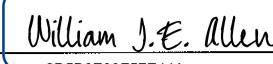
PART I: OVERVIEW			
Department Office/Division/Program:	Judicial Branch / Facilities		
Department Contract Administrator or Grant Coordinator:	Curt J Lefebvre		
(If applicable) Department Reference #:	Elevator repair at the Capital Judicial Center		
Amount: (Contract/Amendment/Grant)	\$ 5905	Advantage CT / RQS #:	20220914*0811
CONTRACT	Proposed Start Date:	9/19/2022	Proposed End Date: 9/23/2022
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:		Kone Elevator, Westbrook, ME.	
Brief Description of Goods/Services/Grant:		Elevator repair at the Capital Judicial Center	

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 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

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 public elevator at the Capital Judicial Center broke, Kone Elevator came in and repaired with a software update.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Kone Elevator is the company who has the PM contract to services these elevators, we also use them for all repairs.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The cost is consistent with the costs we pay at other locations for elevator repair.
4. Describe the plan for future competition for the goods or services.	There is no plan, they are the elevator company we call when we have an emergency repair.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	Amy Quinlan	Date:	9/13/2022
Signature of DAFS Procurement Official:			
Typed Name:	William J.E. Allen	Date:	9/26/2022

NOI 09202209063 09/27/2022 - 10/03/2022