



## 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:	Marine Resources, Bureau of Marine Science			
Department Contract Administrator or Grant Coordinator:	HQ Finance			
(If applicable) Department Reference #:	N/A			
Amount: (Contract/Amendment/Grant)	\$ 20,000	Advantage <u>CT</u> / RQS #:	13A	2024073100000000211
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date:	7/1/2025
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:		Johnson & Jordan		
Brief Description of Goods/Services/Grant:		Emergency on call HVAC and Plumbing		

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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	The need for emergency related calls to the HVAC systems as they are aged, and the need for plumbers for large scale emergencies.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	BBH has a need for on call emergency vendors for the HVAC and plumbing systems.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	DMR believes the costs to be fair and reasonable.
4. Describe the plan for future competition for the goods or services.	DMR will consider bidding these types of services in the future.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <a href="#">Title 5, §18</a> and <a href="#">§18-A</a>, in harmony with MRS <a href="#">Title 17, §3104</a>.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.	

<b>PART VI: APPROVALS</b>
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The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):	 <a href="#">Carl Wilson (Aug 2, 2024 07:07 EDT)</a>		
Typed Name:	Carl Wilson, Director	Date:	8/2/2024
Signature of DAFS Procurement Official:	 <small>891CE7A1493D45B...</small>		
Typed Name:	Martha Verhille	Date:	9/19/2024

# PJF CT 13A 20240731-0211

Final Audit Report

2024-08-02

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