



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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:		Education/Education in the Unorganized Territory		
Department Contract Administrator or Grant Coordinator:		Gary Lewis		
(If applicable) Department Reference #:		N/A		
Amount: (Contract/Amendment/Grant)		\$ \$5,100.00	Advantage CT / RQS #:	CT05C2024000000000534
CONTRACT	Proposed Start Date:	9/20/2024	Proposed End Date:	10/20/2024
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:		Nicholas Gagnon, County Heating and Plumbing Caribou, ME		
Brief Description of Goods/Services/Grant:		Replacement of rusted out pressure and chlorinating tanks at the Connor Consolidated School, Conner Maine.		

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 current pressure and chlorinating tanks are rusted and need to be replaced

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

County Heating and Plumbing is the only local vendor to date that is willing to travel to Connor, they have done other various projects at the school.

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

The rates and cost have been consistent with rates in other EUT schools

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

The EUT is currently working to streamline the contract process for this type of service

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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Daniel A. Chuhta	Date:	9/19/2024
Signature of DAFS Procurement Official:	<div data-bbox="597 541 831 640"> <p>DocuSigned by:  41C2BA36FAF44CD...</p> </div>		
Typed Name:	kathy Paquette	Date:	9/30/2024

Certificate Of Completion

Envelope Id: 74BB9DED36CC4A599365743BB1789A26	Status: Completed
Subject: Please Docusign This Document	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Disabled	Daniel A. Chuhta
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	Daniel.Chuhta@maine.gov
	IP Address: 64.207.219.135

Record Tracking

Status: Original	Holder: Daniel A. Chuhta	Location: DocuSign
9/19/2024 12:57:36 PM	Daniel.Chuhta@maine.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Maine Department of Education	Location: DocuSign

Signer Events

Daniel A. Chuhta
 Daniel.Chuhta@maine.gov
 Deputy Commissioner
 Maine Department of Education
 Security Level: Email, Account Authentication (None)

Signature



Signature Adoption: Drawn on Device
 Using IP Address: 198.182.163.113

Timestamp

Sent: 9/19/2024 12:57:37 PM
 Viewed: 9/19/2024 12:58:19 PM
 Signed: 9/19/2024 12:58:30 PM
 Freeform Signing

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	9/19/2024 12:57:37 PM
Certified Delivered	Security Checked	9/19/2024 12:58:19 PM
Signing Complete	Security Checked	9/19/2024 12:58:30 PM
Completed	Security Checked	9/19/2024 12:58:30 PM

Payment Events

Status

Timestamps