



## 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:		Maine Street Prison		
Department Contract Administrator or Grant Coordinator:		Robert Walden		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		6116.87	Advantage CT / RQS #:	RQS 03B 20221017*530
CONTRACT	Proposed Start Date:	8/1/2022	Proposed End Date:	10/30/2022
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:		Hobart Service Carol Stream IL		
Brief Description of Goods/Services/Grant:		Repair technician required for broken dishwasher		

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 checked="" 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.	A specialized service repair person was needed to fix the Prison's dishwasher. This was an emergency repair to the facility's sole dishwasher. The initial request was supposed to be under the \$5000 threshold.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The emergency service provided took much longer than expected.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The service was billed at an hourly rate along with parts that were ordered. Hobart is a specialized company that is used for the service of food equipment.
4. Describe the plan for future competition for the goods or services.	Having multiple vendor possibilities allows us to use the best rate based on availability during emergency repairs.

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:	Randall Liberty	Date:	10/22/22
Signature of DAFS Procurement Official:			
Typed Name:	249502C7B71A49A... Thomas Paquette	Date:	10/26/2022

