



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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:		DHHS/Office for Family Independence/Human Resources		
Department Contract Administrator or Grant Coordinator:		Melanie Boucher		
(If applicable) Department Reference #:		OFI-24-013		
Amount: (Contract/Amendment/Grant)		\$ 10,300.00	Advantage CT / RQS #:	RQS 10A 20230926*0513
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date:	12/31/2023
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:		O&P Glass, Augusta ME		
Brief Description of Goods/Services/Grant:		Materials and labor for three operator-assisted doors at the Bangor DHHS Office		

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 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.

DHHS has an employee who requires operator-assisted doors as an accommodation under the Americans with Disabilities Act. The Department has been working with the building owner to perform this installation, modify the building and acquire quotes.

Human Resources and OFI would like to get these installed as soon as possible, so that the employee has the necessary accommodation to perform her job effectively.

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

The landlord has directed the Department to use this provider as they have a working relationship with them. The landlord reached out to O&P Glass to obtain quotes.

This was originally going to be procured through the lease, but the owner will only manage the installation and billing with a 10% surcharge. When DHHS indicated that it would not pay the surcharge, the property owner turned the procurement over to DHHS.

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

Based on similar installations, it was determined that the rates are fair and reasonable.

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

The Department does not intend to RFP this service, it is for a one-time need.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)


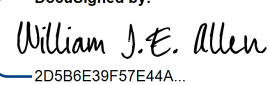
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):	DocuSigned by:  <small>2870DA6E0E76471...</small>		
Typed Name:	Benjamin Mann	Date:	oct-05-2023
Signature of DAFS Procurement Official:	DocuSigned by:  <small>2D5B6E39F57E44A...</small>		
Typed Name:	William J.E. Allen	Date:	10/6/2023

NOI 1020231089 10/06/2023 - 10/12/2023