

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

### PART I: OVERVIEW

Department Office/Division/Program:		DAFS/Central Fleet Mgmt			
Department Contract Administrator or Grant Coordinator:		Donny Crockett			
(If applicable) Department Reference #:		CFM PO# 905507			
Amount: (Contract/Amendment/Grant)	\$12,691.03	Advantage CT / RQS #:	RQS18P20231004*556		
CONTRACT	Proposed Start Date:	8/9/2023	Proposed End Date:	10/3/2023	
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:		Daniel's Auto Body, Gardiner, ME VC0000226179			
Brief Description of Goods/Services/Grant:		Vehicle Accident Repair ( <b>CONFIRMING</b> )			

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
<b>X</b>	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

### PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

- Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.**

This vehicle was damaged in an accident with another vehicle rendering it inoperable. This vendor supplied the most complete estimate with the lowest labor rate based on initial inspection in the vehicle's/driver's region of the State.

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### PART III: SUPPLEMENTAL INFORMATION

#### 2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The vehicle was towed to this vendor after being incapacitated in an accident. To provide the most accurate estimate, it is necessary to remove/inspect damaged portions of the vehicle to identify needed repairs. Other vendors will not go to a competitor to perform an inspection for an estimate. It would be cost-prohibitive to tow to other vendors for additional estimates.

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

CFM has a vast Statewide network of approximately 400 vendors. Choosing this vendor includes factors such as location & proximity to the vehicle, reputation, past pricing and experience, and vendor's ability to repair in a timely manner to avoid costly downtime for the State Agency.

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

N/A-this is for an emergency repair that is not planned. CFM always seeks multiple estimates when available and prudent in the close proximity to the vehicle's location.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
	<small>DocuSigned by:</small> <i>David Morris</i>		
<b>Printed Name:</b>	David Morris	<b>Date:</b>	10/4/2023
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>William J.E. Allen</i>		
<b>Printed Name:</b>	William J.E. Allen	<b>Date:</b>	10/11/2023