



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:		Jarrod Desjardins / Amanda Webb		
(If applicable) Department Reference #:		N/A		
Amount: (Contract/Amendment/Grant)		\$ 6,189.00	Advantage CT / RQS #:	13A 20231003000000000554
CONTRACT	Proposed Start Date:	9/20/2023	Proposed End Date:	10/20/2023
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:		Diamond Water Systems, Chicopee, Mass		
Brief Description of Goods/Services/Grant:		Replace failed stager panel and install new.		

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 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

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 need for this replacement is in order for proper flow to sea water systems on the control end.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
Emergency replacement of stager panel. This vendor was willing and available to do the repair.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
Given the service provided by Diamond, and the specific equipment, the cost is deemed reasonable and fair.
4. Describe the plan for future competition for the goods or services.
DMR will consider bidding future work.

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:	Patrick Keliher, Commissioner	Date:	10/6/23
Signature of DAFS Procurement Official:			
Typed Name:	William J.E. Allen	Date:	10/19/2023