



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:		Department of Education - Education in The Unorganized Territories	
Department Contract Administrator or Grant Coordinator:		Gary Lewis	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 30,900.00	Advantage CT / RQS #:	05C 20231016*1124
CONTRACT	Proposed Start Date:	11/1/2023	Proposed End Date: 5/31/2026
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 Noble 1335 Kingman Rd. Kingman Me.	
Brief Description of Goods/Services/Grant:		Winter Season Snow plowing & shoveling, salting/sanding for Kingman Elementary School 2023-2026	

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 Provider agrees to Plow and maintain parking lots, remove snow/Ice to ensure sidewalks and entry ways are clear and or sanded for snow events with 2" accumulation or more or at the principal's request.

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

The Provider is the only provider who is able and willing to do this work. To determine availability of providers, Kingman school set flyers in local establishments with the specifications. The sole respondent was Daniel Noble. The Provider is qualified for this work and is familiar needs of the school as well as performs similar service for the local fire department.

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

Although the selected vendor was the sole respondent the quoted rate is comparable with rates at other EUT schools for the services provided.

Funding to provide though EUT Education General Fund Dollars

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

The EUT plans to put this service out to RFP for 2026 and beyond.

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

Does this request utilize ARPA/MJRP funds?

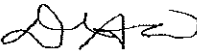

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Daniel A. Chuhta Deputy Commissioner	Date:	10/19/2023
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	William J.E. Allen	Date:	10/26/2023

Certificate Of Completion

Envelope Id: 8BEEF7AE9E9143F3861C339682CC77C9
 Subject: Please DocuSign This Document
 Source Envelope:
 Document Pages: 16
 Certificate Pages: 1
 AutoNav: Enabled
 EnvelopeId Stamping: Disabled
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Signatures: 2
 Initials: 0

Envelope Originator:
 Daniel A. Chuhta
 Daniel.Chuhta@maine.gov
 IP Address: 64.207.219.71


Record Tracking

Status: Original 10/19/2023 2:52:59 PM	Holder: Daniel A. Chuhta Daniel.Chuhta@maine.gov	Location: DocuSign
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: 10/19/2023 2:53:01 PM
 Viewed: 10/19/2023 2:53:26 PM
 Signed: 10/19/2023 2:54:41 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	10/19/2023 2:53:01 PM
Certified Delivered	Security Checked	10/19/2023 2:53:26 PM
Signing Complete	Security Checked	10/19/2023 2:54:41 PM
Completed	Security Checked	10/19/2023 2:54:41 PM
Payment Events	Status	Timestamps