



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:		Agriculture, Conservation and Forestry	
Department Contract Administrator or Grant Coordinator:		Matthew Hamilton	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 8450.00	Advantage CT / RQS #:	20230926*0901
CONTRACT	Proposed Start Date:	10/10/2023	Proposed End Date: 10/10/2024
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:		B Washburn Electric, Inc. Dover Foxcroft, ME	
Brief Description of Goods/Services/Grant:		Replacement of failed transformer for water pump house at Peaks Kenny State Park	

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 checked="" 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.

The transformer is essential for the operation of a well and pump house at Peaks Kenny State Park. It needs to be replaced immediately.

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

The vendor is a company who has worked for the park this year. The vendor is fully qualified to do this kind of work, and was contacted so the park would have a timely response to this pressing matter.

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

The rate is set largely by the cost of installation of a transformer, and was not negotiated.

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

If this service is needed again, and not an emergency, we will look for any new companies which offer this service and give them the opportunity to bid, along with the companies contacted this time.

### 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:

*Amanda E. Beal*

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Typed Name:

Date:

10/26/2023

Signature of DAFS  
Procurement Official:

DocuSigned by:

*Martha Verhille*

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**Procurement Justification Form (PJF)**

Typed Name:		Martha Verhille	Date:	10/27/2023