



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 DEFENSE, VETERANS AND EMERGENCY MANAGEMENT	
Department Contract Administrator or Grant Coordinator:		KATHERINE ST. PETER-GUNN	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$73,990.00	Advantage CT / RQS #:	15A 20240913*0549
CONTRACT	Proposed Start Date:	<b>7/18/2024</b>	Proposed End Date: 9/30/2025
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:		MOBILE FIRE LLC P.O. BOX 364 CARLTON, MN 55718	
Brief Description of Goods/Services/Grant:		LIVE FIRE TRAINING	

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 ARFF live fire trainer is an annual training requirement and 100% reimbursed CA24 expenditure. The contract is \$36,6995.00 per year for a period of 2 years (\$73,999.00) to lock in the price.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
Mobile Fire is the sole source provider for mobile ARFF live fires throughout the country. The cost savings of having this mobile ARFF trainer brought in, opposed to traveling outside of the state of Maine is astronomical.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
The current cost is less than a 1% increase from the last contract negotiated price. Funding for the ARFF trainer is budgeted for every year in the FinPlan, and the state is reimbursed through a 270.
4. Describe the plan for future competition for the goods or services.
The FD will continue to search for the most economical source to complete its annual ARFF live fire training.

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

Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

**PART V: CONFLICTS OF INTEREST (COI); PURCHASES BY THE STATE**

Does the requesting Department signatory understand and acknowledge Maine’s COI Statute?
<input checked="" type="checkbox"/> Yes, the requesting Department signatory understands and acknowledges <a href="#">Title 17, Chapter 101, §3104</a> .

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Scott A. Young</i> 8EDC934F194648D...		
Typed Name:	SCOTT A. YOUNG, DEPUTY COMMISSIONER	Date:	9/27/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Sue H. Garcia</i> E5DB92AC0F8D490...		
Typed Name:	Sue H. Garcia	Date:	10/2/2024