



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Judicial Branch / Facilities	
Department Contract Administrator or Grant Coordinator:		Curt J Lefebvre / Facilities Engineer	
(If applicable) Department Reference #:		AHU filter changes, grease, belts at five courthouses	
Amount: (Contract/Amendment/Grant)	\$ 18230	Advantage CT / RQS #:	20240829*0289
CONTRACT	Proposed Start Date:	8/11/2024	Proposed End Date: 8/17/2024
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:		Sticht Property Management, Liberty, ME	
Brief Description of Goods/Services/Grant:		AHU filter changes, units greased and belts changed	

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

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.	Due to the extreme heat and humidity this summer, the Air Handling Units need to have their filters changed, bearings greased, and belts changed to ensure proper functioning through the summer.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Sticht Property Management was the only vendor available who could complete the work in a timely manner, the AHU units run 24/7 so the work needs to be done at night.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The costs for the AHU preventative maint are within the prices that we've paid for this type of services at other courthouse locations.
4. Describe the plan for future competition for the goods or services.	These services were an emergency basis, failure to do this work would have resulted in court closures.

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); CONTRACT WITH THE STATE	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.	

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Connor Smith</i> <small>755F066F9C634D0</small>		
Typed Name:	Connor Smith	Date:	8/29/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Sherri Brooker</i> <small>BF7E88805EFD419</small>		
Typed Name:	Sherri Brooker	Date:	10/4/2024