



## 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:                     | Multimodal Program   |  |                              |
| Department Contract Administrator or Grant Coordinator: | Larry Johannesman    |  |                              |
| (If applicable) Department Reference #:                 | PO 17AMM09052024LJ8  |  |                              |
| Amount:<br>(Contract/Amendment/Grant)                   | \$ 5,140.58          | Advantage CT / RQS #:  | 2024100100000000500          |
| CONTRACT  | Proposed Start Date: | 9/16/2024  | Proposed End Date: 9/20/2024 |
| 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,<br>City, State:           |                      | Maryland Natives Nurseries VC 0000264268<br>DBA American Native Plants |                              |
| Brief Description of Goods/Services/Grant:              |                      | Native Plants and Shipping Cost  |                              |

| 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.

Plants required to complete the Westfield , ME living snow fence project WIN 021840.00 were not available from local Maine nurseries.

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

We have purchased plants from this vendor before and their plant quality, reliability, and shipping are excellent.

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

The prices for the plant materials are on par with Maine prices at local nurseries. They also planned to ship with other shipments headed north to keep costs down, but that fell through at the last minute. The shipping cost to get the plants to northern Maine wound up being more and was accepted by L. Johannesman to meet the contractor's project schedule worked out in advance.

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

The plan for purchasing this small type plants is to consider Maine and other nurseries that can provide native plants.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

*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](#).*

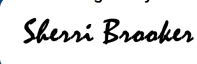
The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

|  |  |
|--|--|
| Signature of requesting Department's Commissioner (or designee): |  |
|--|--|

|             |                     |       |           |
|-------------|---------------------|-------|-----------|
| Typed Name: | Bill Pulver, C.O.O. | Date: | 10-3-2024 |
|-------------|---------------------|-------|-----------|

|   |  |  |  |
|---|--|--|--|
| Signature of DAFS Procurement Official: | DocuSigned by:<br><br><small>BE7E88805EFD419...</small> |  |  |
|---|--|--|--|

|             |                |       |            |
|-------------|----------------|-------|------------|
| Typed Name: | Sherri Brooker | Date: | 10/16/2024 |
|-------------|----------------|-------|------------|