



### 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:		MaineDOT M&O Region 2	
Department Contract Administrator or Grant Coordinator:		Thomas Roberts- Region Manager	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)		\$ 6063.47	Advantage CT / RQS #: RQS2024102500000000621
CONTRACT	Proposed Start Date:	8/22/2024	Proposed End Date: 8/31/2024
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:		White Cap LP VC0000230215 Orlando FL 32802-4944	
Brief Description of Goods/Services/Grant:		Coil rod, drop ins and rebar for concrete work.	

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.

Augusta crew was resurfacing the concrete inside the salt dome, they needed to purchase, coil rod, drop ins/coil ties and rebar to complete the forms for the work.

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

White Cap is the only local vendor that has the materials necessary.

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

The prices of the materials are fixed by the retailer, and are comparable to previous purchases, and they give us any discounts available.

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

Will try to find another vendor in the area to see about the availability of any of the materials if we need to complete this work again, will travel further away if needed. Going forward we will work to get a Master Agreement in place.

### 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:	William Pulver, C.O.O.	Date:	10-25-2024
Signature of DAFS Procurement Official:	DocuSigned by:  BE7E88805EED419		
Typed Name:	Sherri Brooker	Date:	10/28/2024