



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:		MDOT M & O Region 3		
Department Contract Administrator or Grant Coordinator:		Mahlon Presby		
(If applicable) Department Reference #:				
Agency Department Code:	17A	Advantage CT / RQS #:	RQS20250909000000000393	
Amount: (Contract/Amendment/Grant)		\$34,019.60		
CONTRACT	Proposed/Original Start Date:	8/29/2025	Proposed/Most Recent End Date:	9/30/2025
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Advanced Chemical Technologies VS0000020859 Oklahoma City, OK 73114		
Brief Description of Goods/Services/Grant:		Bridge Deck Sealant Deck-Sil 1700		

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. Higher Education Cooperative Project	<input type="checkbox"/> L. Other Authorization
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Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p> <p>The two part epoxy system EP-5000 and concrete sealer EP-1700 are necessary to complete Thin Polymer Overlay projects to reduce the ingress of water and chlorides to the deck, extend the service life of concrete wearing surfaces, and improve rideability.</p>
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.</p> <p>The application of these materials is temperature sensitive. It requires 50 degrees or higher for a minimum of 8 hours to cure properly. It also needs to be applied to new concrete before winter applications of salt are spread for snow & ice control.</p>
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p> <p>Rates are the same as the last Master Agreement</p>
<p>4. Describe the plan for future competition for the goods or services.</p> <p>Competitive bid process. – Master Agreement</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)
<p>Does this request utilize ARPA/MJRP funds?</p>
<p><input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).</p>
<p><input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.</p>
<p><input checked="" type="checkbox"/> No – If No, proceed to Part V.</p>

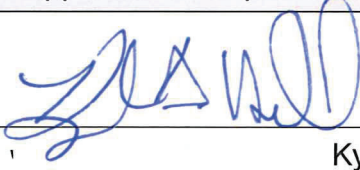
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE
<p><i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.</i></p>
<p><input checked="" type="checkbox"/> The requesting department’s signatory affirms, understands, and acknowledges Maine’s Conflict of Interest statutes and, in accordance with those statutes and to the best of their</p>

knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.


PART VI: APPROVALS

Governor/Department Commissioner or Designee

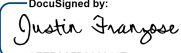
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kyle Hall	Date:	9/11/2025

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Dale Doughty	Date:	9-15-25

****OSPS Section Only****

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>AEED9C7B3A8044E</small>		
Typed Name:	Justin Franzose	Date:	10/1/2025