



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 Corrections/Long Creek Youth Development Center		
Department Contract Administrator or Grant Coordinator:		David Lovejoy		
(If applicable) Department Reference #:		Click or tap here to enter text.		
Amount: (Contract/Amendment/Grant)	\$ 76,738.00	Advantage CT / RQS #:	RQS # 03A12021101510416 Click or tap here to enter text.	
CONTRACT	Proposed Start Date:	11/1/2021	Proposed End Date:	12/30/2021
AMENDMENT	Original Start Date:	Click or tap to enter a date.	Effective Date:	Click or tap to enter a date.
	Previous End Date:	Click or tap to enter a date.	New End Date:	Click or tap to enter a date.
GRANT	Project Start Date:	Click or tap to enter a date.	Grant Start Date:	Click or tap to enter a date.
	Project End Date:	Click or tap to enter a date.	Grant End Date:	Click or tap to enter a date.
Vendor/Provider/Grantee Name, City, State:		MB Mechanical, 65 Pleasant Hill Rd., Scarborough, ME 04074 207-774-4911		
Brief Description of Goods/Services/Grant:		Replacement of natural gas line pipes on Roof top machines		

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.

Replacement of gas lines/pipes for the natural gas lines. Salt air has damaged them over the years and now a safety issue with some of them leaking. These repairs need to happen prior to cold/winter weather.

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

The vendor has the experience, as well as the lowest price for the replacement work.

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

Vendors were asked for their quotes and this vendor was the lowest price for what we requested.

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

DOC will follow all Procurement rules and procedures. The RQS process will be followed for commodity bids over \$10K unless emergency exists.

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

Does this request utilize ARPA/MJRP funds?

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

No – If No, proceed to Part V.

### PART V: APPROVALS

The signatures below indicate approval of this procurement request.

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

DocuSigned by:

*Ryan Thornell, Dep. Commissioner*

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Typed Name:

Ryan Thornell, Dep. Commissioner

Date:

11/10/2021

Signature of DAFS  
Procurement Official:

DocuSigned by:

*Michelle Fournier*

066BBD96EE5347F...

Typed Name:

Click on top bar to enter text.  
Michelle Fournier

Date:

Click on top bar to enter a date.  
11/18/2021

