



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:		MDOT Region 4 Fleet Services		
Department Contract Administrator or Grant Coordinator:		Jeremy Schobel		
(If applicable) Department Reference #:		T01-276		
Amount: (Contract/Amendment/Grant)	\$ 8468.46	Advantage CT / RQS #:	RQS2022101700000000529	
CONTRACT	Proposed Start Date:	8-17-22	Proposed End Date:	8-18-22
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:		Bouchard & Sons Towing, 12 South Gate Drive, Hampden Me Po Box 757 04444		
Brief Description of Goods/Services/Grant:		Truck T01-276 & Trailer T22-120 roll over on Route 6 in Milo/Sebec area.		

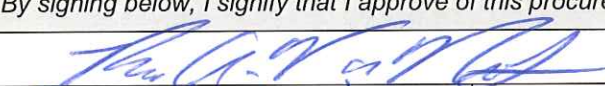
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency 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.	<p>On the afternoon of August 17th, 2022, Truck T01-276 and trailer T22-120 was in an accident where the operator lost control of the vehicle which was hauling the trailer. The truck and trailer ended up on its side off the road on (Route 6)</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>Because of the truck and trailer condition and location, and the size of equipment that was needed to get the truck & trailer back up so it could be towed we had limited vendors that had that size equipment and could respond right away. Also, where it was in traveling public right away it was urgency that it gets moved as soon as possible.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>Bouchard & Sons Towing has provided quality service for the department many times in the pass. Where this was an emergency. CMP was stabilizing the snapped power pole and power wires, all dealing with high winds & heavy rain. Bouchard & Sons Towing was the first call and they were able to respond ASAP.</p>
4. Describe the plan for future competition for the goods or services.	<p>In the Bangor Area We have two Heavy vehicle recovery companies we consistently use; they are Bouchard & Sons Towing and T&W garage. Both companies get ample calls, and it usually depends on which one is available at the time and what the criticality of the recovery is.</p>

PART IV: LATE JUSTIFICATION	
1. Is the vendor currently working?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – If No, proceed to Part V
2. If you answered Yes to question 1, explain why the vendor is working before the contract is final approved.	

PART V: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
1. Does this request utilize ARPA/MJRP Funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> No – If No, proceed to Part VI	

PART VI: APPROVALS			
Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve of this procurement request.		
			
Printed Name:	Bruce Van Natta	Date:	11/1/22
Signature of DAFS Procurement Official:	DocuSigned by: William J.E. Allen		
	Printed Name:	William J.E. Allen	Date:

NOI 1120221103 11/02/2022 - 11/08/2022