



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:		MDOT M & O Region 4	
Department Contract Administrator or Grant Coordinator:		Jeff Lary	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$54,713.00	Advantage CT / RQS #:	RQS20221028000000000602
CONTRACT	Proposed Start Date:		Proposed End Date:
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:		C A Newcomb & Sons VC1000011794 P O Box 206 Carmel, Me 04419	
Brief Description of Goods/Services/Grant:		Guardrail Parts	

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.

The cable guardrail is used to preserve the safety of the individual lanes of travel in the event of an accident crossing the median the cable serves as a safety barrier to prevent further injury and damage.

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

C A Newcomb & Sons holds the MA2204050000000000106 for guardrail parts however they did not submit a bid for the CASS parts and when the Region ordered the parts, MDOT was not aware these items not included on the current MA.

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

We believe this to be a fair price markup due to inflation when comparing prices from the 2021 MA.

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

In the future if CASS parts are needed, we will submit an RQS to bid for those specific parts not included on MA. The commodity will be put back out to bid to establish a new MA in 2024 when it expires.

### 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):



Typed Name:

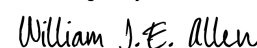
William Pulver, C.O.O.

Date:

10-27-2022

Signature of DAFS  
Procurement Official:

DocuSigned by:



Typed Name:

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William J.E. Allen

Date:

11/2/2022

NOI 1120221106 11/03/2022 - 11/09/2022