

**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 Administrative and Financial Services, Bureau of General Services, Property Management Division	
Department Contract Administrator or Grant Coordinator:		Desiree Snow	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ 110,400.00	Advantage CT / RQS #:	18A 20231030*1238
CONTRACT	Proposed Start Date:	10/23/2023	Proposed End Date: 3/22/2024
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:		VC1000069868 OTIS ELEVATOR CO PO BOX 13716 Newark, NJ 07188-0716	
Brief Description of Goods/Services/Grant:		Emergency cylinder replacement in the elevator at 25 Tyson Drive.	

PART II: JUSTIFICATION FOR VENDOR SELECTION


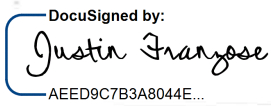
Check the box below for the justification(s) that applies to this request. (Check all that apply.)

<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.	
The elevator located in 25 Tyson Drive is currently inoperable due to a failed hydraulic cylinder and piston. It is imperative that this repair be completed as soon as possible as this elevator is the only ADA access to the second and third floors of the building.	
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
RFP 202103038 2021 - 2026 Elevator Maintenance and Repair Otis Elevator is the State of Maine's current elevator service vendor. They are knowledgeable of, and have hands-on maintenance I repair experience, with this elevator. They can procure the necessary parts and will schedule the repair in the time frame needed.	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
The State of Maine has contracted with Otis Elevator for many years and their costs have been fair and reasonable.	
4. Describe the plan for future competition for the goods or services.	
Future repairs, of a non-emergency nature, will be awarded via a competitive bid process.	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPAMJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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 J. Longfellow	Date:	10/30/23
Signature of DAFS Procurement Official:			
Typed Name:	Justin Franzose	Date:	10/31/2023