



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:		DACF/MFS/FPD	
Department Contract Administrator or Grant Coordinator:		Cheri Bellavance	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 56,000.00	Advantage CT / RQS #:	RQS 2023102500000000663
CONTRACT	Proposed Start Date:	n/a	Proposed End Date:
AMENDMENT	Original Start Date:	n/a	Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:	n/a	Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Waterax 3701 Innovation Way, Valparaiso, IN, 46383, T:360-574-1818 F:514-637-3985	
Brief Description of Goods/Services/Grant:		Purchase of 10 MARK-3® WATSON EDITION HIGH-PRESS WILDLAND FIRE PUMP's (with shoulder straps).	

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 replacement of these Wildland Fire Pumps is essential to ensure Forest Protection can adequately contain and control wildland fires in difficult and poorly accessible locations. These pumps will replace pumps from our current inventory that are as old as 40 years and are outdated as well as unreliable. These old pumps will be turned in as soon as the requested pumps are received.

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

The Watson Mark III pump is the newest and most advanced pump to replace the older version Mark III pump that has been used for decades by the Maine Forest Service. These pumps are unique to the world of forest fire fighting in that no one manufactures a pump that can compare to the performance and reliability provided by the Watson Mark III. This new version has been tested by the staff of the Maine Forest Service and has proven itself. We have contacted the manufacturer (Waterax) directly, and they have allowed us to purchase these pumps factory direct from them with substantial cost savings.

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

Initially the closest vendor of these pumps (located in South Dakota) was contacted and provided a quote of \$6,995.00/unit. The manufacturer was contacted and can provide these pumps factory direct at a savings of almost 25% from the nearest vendor, \$5,295.00/unit.

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

Will attempt to procure directly from the manufacturer for any future need.

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:

Amanda E. Beal

Typed Name:

Amanda E. Beal

Date:

11/8/2023

Procurement Justification Form (PJF)

Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> <small>2D5B8E39F57E44A...</small>		
Typed Name:	william J.E. Allen	Date:	11/8/2023

NOI 1120231256 11/09/2023 - 11/15/2023