



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Agriculture, Conservation & Forestry	
Department Contract Administrator or Grant Coordinator:		Mary Casey	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,645.38	Advantage CT / RQS #:	20240513*3210
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	6/1/24	Effective Date:
	Previous End Date:	10/31/24	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Berthier Boutin, DBA T-Bert & Son Construction PO Box 283, Fort Kent ME 04743	
Brief Description of Goods/Services/Grant:		New Roof on the Allagash Facility	

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 checked="" 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 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.	When they removed the existing roof, it was discovered that it needed more repair work than originally anticipated.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This vendor was already contracted to do the original roofing project
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The additional materials and labor were reasonable and this additional amount was still cheaper than the next higher bidder on the original contract.
4. Describe the plan for future competition for the goods or services.	In the future, these jobs will continue to go out to bid

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.	

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	Signed by:  <small>8F3DD450C23241F...</small>		
Typed Name:	Randy Charette, Deputy Commissioner	Date:	11/4/2024
Signature of DAFS Procurement Official:	DocuSigned by:  <small>891CE7A1493D45B...</small>		
Typed Name:	Martha Verhille	Date:	11/6/2024