



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:	DAFS/BGS/Property Management Division		
Department Contract Administrator or Grant Coordinator:	Valerie Russell		
(If applicable) Department Reference #:	N/A		
Amount: (Contract/Amendment/Grant)	\$ \$6,280.00	Advantage CT / RQS #:	RQS: 18A 20241105000000000669
CONTRACT	Proposed Start Date:	10/23/2024	Proposed End Date: 10/23/2024
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:	Pat Jackson Inc. Augusta, Maine 04332		
Brief Description of Goods/Services/Grant:	Septic tank and grease tank pumped at MCJA in Vassalboro		

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 septic tank and grease tank at the Maine Criminal Justice Academy, Vassalboro were full and required pumping.

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

Pat Jackson, Inc. has done this service for the State of Maine many times in the past so is familiar with the location and access to the site.

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

Pat Jackson Inc.'s pricing is consistent with past service, however this time the quantity was more than expected and we also needed to pump the grease trap, therefore, the total cost exceeded \$5,000.00.

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

In future, we'll competitively bid for this service now that we know the price has gone over \$5,000.00.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

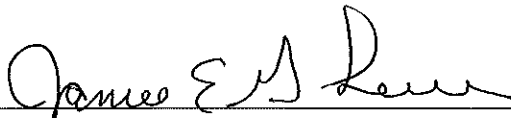
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

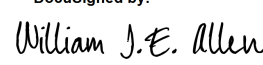
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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):			
Typed Name:	JANICE EG LAREAU	Date:	11-15-2024

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>2D5B6E39F57E44A...</small>		
Typed Name:	William J.E. Allen	Date:	11/20/2024

NOI 1120241364 11/20/2024 - 11/26/2024