



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:	Marine Resources/Marine Science		
Department Contract Administrator or Grant Coordinator:	Jarrod Desjardins/HQ Finance		
(If applicable) Department Reference #:	N/A		
Agency Department Code:	13A	Advantage <u>CT</u> / RQS #:	20251105000000001100
Amount: (Contract/Amendment/Grant)	\$20,000		
CONTRACT	Proposed/Original Start Date:	11/1/2025	Proposed/Most Recent End Date: 10/31/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	AirTemp Comforts Systems USA		
Brief Description of Goods/Services/Grant:	Emergency HVAC repairs		

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. Higher Education 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.

Given the age and complexity of the HVAC systems in the DMR Boothbay Harbor facilities they are prone to failures too complex for dedicated maintenance staff to rectify. Since the use of the facilities by DMR staff depends on these systems it is important that any failures be resolved as quickly as possible when they arise and that is the purpose of this contract: to be used as needed in the event of what would otherwise typically require an emergency procurement process.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Due to the remote location of the DMR Boothbay Harbor facility there are no other vendors who are able to respond to emergency service requests on the timely basis required of this type of maintenance

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

No specific costs have yet been identified because the contract will be used on an as need basis but when this vendor has provided emergency services in the past it has always been at reasonable prices for the nature of the work.

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

In the future DMR intends to put these services out to bid through the RFP process with the intent of establishing either a long term master agreement or a pre-qualified vendor list assuming other vendors become available.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):



Typed Name:

Erin Summers, Acting Director

Date:

07/11/2025

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting
Department's Commissioner
(or designee):

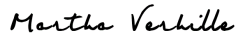
Typed Name:

Date:

****OSPS Section Only****

Signature of DAFS
Procurement Official:

DocuSigned by:



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Typed Name:

Martha verhille

Date:

11/10/2025

PJF CT 13A 20251105-1100

Final Audit Report

2025-11-07

Created:	2025-11-05
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