



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:		Department of Corrections	
Department Contract Administrator or Grant Coordinator:		Gary LaPlante	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 104,000	Advantage CT / RQS #:	03A 20180323*2771
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	4/2/2018	Effective Date:
	Previous End Date:	12/31/2022	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		The Gilco Corporation Windham, Maine	
Brief Description of Goods/Services/Grant:		Owner's Rep services for the MCC expansion project	

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 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 Gilco Corporation was selected as a result of a competitive bid process and has proven to be an invaluable asset to the Department in all phases of the project. The project is expected to be continuing well into 2023, including the demolition of the old facility, renovation of Dorms 5 and 6, and design of the Women's Medical and Mental Health Unit. Owner's representation throughout these projects is still required.

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

Mr. Gilman was selected as a result of a RFQ issued by the Department at the outset of the project. (The RFQ was Published November 10/11, 2017 and November 17/18, 2017 – same dates in both KJ & PPH.) Having served in this role since April of 2018, the incumbent provider has intimate knowledge of this facility and the Department's goals and it would not be in the Department's interest to seek new bids at this juncture of the project.

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

The Department will compensate Provider for an additional six months of service (26 weeks) at the same rates as specified under the original contract, which the Department considers to be fair and reasonable. Compensation is calculated as follows:

Jim Gilman (Owner): \$70/hour x 50 hrs/week

Assistant to Jim Gilman (Office Manager): \$50/hour x 10 hrs/week

The project is being paid for with MGFA bonds.

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

This is a limited period project and will cease upon completion of the construction contract.

### 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: <i>Conner McFarland</i> FD522942914A4F8...		
	Typed Name:	Conner McFarland	Date: 12/5/2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> 2D5B6E39F57E44A...		
	Typed Name:	William J.E. Allen	Date: 12/19/2022

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