



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:	Public Safety		
Department Contract Administrator or Grant Coordinator:	Fire Marshal Joseph Thomas Assistant Fire Marshal Lt. Troy Gardner		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 5,580.00	Advantage CT / RQS #:	RQS 16A 20221114*667
CONTRACT	Proposed Start Date:		Proposed End Date:
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:	Creative Office Pavilion, LLC – 141 Middle St. Portland Me 04101		
Brief Description of Goods/Services/Grant:	This was a purchase from a vendor with a MA. They sold us chairs not under the MA by accident.		

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 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 checked="" 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 Fire Marshal's Northern Office moved into a new office space and needed to purchase furniture for our staff to use.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
	FMO chose this company because they have a MA with the State of Maine. They were asked to provide items off the MA. They did not do that.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
	They were priced from comparable items on the MA.
4. Describe the plan for future competition for the goods or services.	
	If FMO purchases items not on a Master Agreement in the future, we will go through the proper bidding process.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):	<i>Derek A Gorneau</i>		
Typed Name:	Derek Gorneau	Date:	Dec 20, 2022
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 2px;"> <small>DocuSigned by:</small> <i>Thomas Paquette</i> </div>		
Typed Name:	Thomas Paquette	Date:	12/27/2022






Creative Pavilion PJF

Final Audit Report

2022-12-20

Created:	2022-12-20
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