



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:		State of Maine Judicial Branch/Office of the Judicial Marshalls	
Department Contract Administrator or Grant Coordinator:		Marshal Ted Ross	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 25,000	Advantage CT / RQS #:	20230511*3150
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/2/2023	Effective Date:
	Previous End Date:	6/30/2024	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Access Control Systems, Inc., 38 Perry Road, PO Box 7521, Milford, NH 03055	
Brief Description of Goods/Services/Grant:		Preventative Maintenance, service, repair for all x-ray systems statewide in the OJM Inventory	

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.

As part of the screening process the OJM utilizes x-ray machines to maintain security and reduce the possibility of dangerous weapons from entering the courthouse(s). Due to utilizing x-ray machines, they utilize a radiological system within the cabinet unit, which by certification requires maintenance, inspection, service and repairs if needed. Due to the age of the equipment, we have experienced an abnormal amount of cost(s) for repair which will exceed the previous estimated amount (20,449.00 with 10k built in for repair). Currently we have 2 repairs to be paid leaving an estimated balance of approx. 700.00 and 3 more repairs being needed with quotes (1,277.88, 2,781.31, 1,254.25 which could lead potentially to a repair of 6,198.65) totaling either 5,313.44 and/or 11,512.09. Recognizing the possibility of other repair need(s) the requested amendment is for 25,000.00 totaling the amended amount of 45,449.00.

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

This vendor is servicing the current system(s) and all related systems throughout the State to include both the x-ray machines as well as the walk-through metal detectors. The vendor was originally selected as a sole source vendor due to the lack of competition to service and repair within the State in the capacity in which it serves and continues as such to date.

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

These rates are fair and reasonable due quote(s) being provided (attached) which is an industry standard we are familiar with and see when requesting quotes for similar items and repair(s). This is for repair and service need(s) currently and anticipated for all cabinet x-ray systems in the OJM inventory statewide.

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

With competition limited to vendors many miles away and the inability to provide statewide service, it is unknown at this time what viable vendors will be available in the future. The OJM will continue to monitor and attempt to identify optional vendors for purpose of supporting the competitive bid process.

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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Connor Smith</i> <small>755F066F9C634D6...</small>			12/13/2023
Typed Name:	Connor Smith	Date:		
Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> <small>2D5B6E39F57E44A...</small>			
Typed Name:	william J.E. Allen	Date:	12/18/2023	

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