



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 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:		Judicial Branch - Facilities	
Department Contract Administrator or Grant Coordinator:		Charles St. Pierre	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 7,480.00	Advantage CT / RQS #:	20241206*0836
CONTRACT	Proposed Start Date:	10/4/2024	Proposed End Date: 10/22/2024
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:		KONE Moline, IL 61265	
Brief Description of Goods/Services/Grant:		Mandatory CAT5 Testing of Elevators at the CJC	

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.	Category 5 (CAT5) elevator test is a safety test that ensures an elevator's safety systems are working properly by lifting the elevator to its maximum load and speed. This testing is required every 5 years.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	KONE was the maintenance vendor for the elevators at the CJC. KONE is familiar with these elevators. Contracts for ongoing preventative maintenance and mandatory testing are currently being negotiated.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The rates for the test were in line with the cost for these mandatory tests at each of the MJB's other locations.
4. Describe the plan for future competition for the goods or services.	The three quote system is being utilized to put contracts in place for these services at each court house in the State.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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):	DocuSigned by: <i>Connor Smith</i> 755F066F9C634D0...		
Typed Name:	Connor Smith	Date:	12/6/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Thomas Paquette</i> 249502C7B71A49A...		
Typed Name:	Thomas Paquette	Date:	12/11/2024