



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:		Department of Administrative and Financial Services (DAFS) Bureau of General Services (BGS)	
Department Contract Administrator or Grant Coordinator:		Elaine Clark 207-624-7366	
(If applicable) Department Reference #:		High Voltage ~ Pooler Pavilion and former IF&W Building	
Amount: (Contract/Amendment/Grant)	\$ 8,404.05	Advantage CT / RQS #:	CT 18A 20241126*1392
CONTRACT	Proposed Start Date:	<b>4/15/2024</b>	Proposed End Date: 10/31/2024
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:		Sullivan & Merritt Inc. VC1000087379 91 Freedom Park Hermon, ME 04401	
Brief Description of Goods/Services/Grant:		Redirect high voltage 4160 Volts	

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 checked="" type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

**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.

Remove high voltage wiring from the Pooler Pavilion building and refeed to former Inland Fisheries & Wildlife Building.

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

The contractor Lakeside Concrete Cutting Inc. was on-site doing the remediation work at the Pooler Pavilion, having to do demolition to walls, flooring etc. the power had to be turned off immediately not to cause a delay in the project. High voltage electrical power passed through the Dorothea Dix Psychiatric Center to the Pooler Pavilion, then onto the Former Inland Fisheries & Wildlife Building. The Provider disconnected the high voltage electrical power serving the Pooler Pavilion and temporarily reroute power directly to the Former Inland Fisheries & Wildlife Building.

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

This was an emergency service.

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

Any non-emergencies will follow Procurement rules and procedures.

**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.


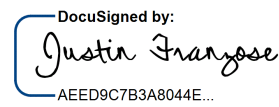
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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 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):			
Typed Name:	Elaine Clark	Date:	12/2/2024
Signature of DAFS Procurement Official:			
Typed Name:	Justin Franzose	Date:	12/12/2024