



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 \$10,000 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:		Administrative and Financial Services (DAFS) Bureau of General Services (BGS)	
Department Contract Administrator or Grant Coordinator:		Desiree Snow	
(If applicable) Department Reference #:		3666	
Agency Department Code:	18A	Advantage CT / RQS #:	18A 20251201*1258
Amount: (Contract/Amendment/Grant)		\$ 27,870.00	
CONTRACT	Proposed/Original Start Date:	12/1/2025	Proposed/Most Recent End Date: 12/31/2025
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Mechanical Services, Inc. Portland, ME 04103 VC1000061924	
Brief Description of Goods/Services/Grant:		Building Winterization	

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. Higher Education 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 former IF&W Building, located at 650 State Street in Bangor, has experienced power loss. Although an attempt was made to repair the issue, it was unsuccessful, leaving the building with no power. The building needs to be winterized to prevent damage due to freezing.	
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.	
This Vendor has the appropriate equipment to winterize a building of this size, and has availability to complete the scope in a timely manner.	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
Pricing is comparable to market rates.	
4. Describe the plan for future competition for the goods or services.	
We would utilize a three-quote or mini-bid to procure future services.	

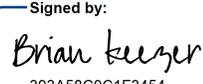
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.	

PART VI: APPROVALS

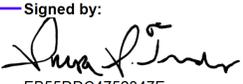
Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	Signed by:  <small>393A58C0C1E3454...</small>		
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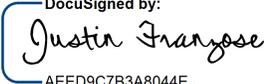
Typed Name:	Brian Keezer	Date:	12/1/2025
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2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):	Signed by:  <small>EB55DB64752347E...</small>		
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Typed Name:	Anya Trundy	Date:	12/3/2025
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****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by:  <small>A EED9C7B3A8044E...</small>		
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Typed Name:	Justin Franzose	Date:	12/3/2025
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