



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:		IFW Bureau of Warden Service		
Department Contract Administrator or Grant Coordinator:		Cynthia Rego		
(If applicable) Department Reference #:				
Agency Department Code:		Advantage CT / RQS #:	20251016*5194	
Amount: (Contract/Amendment/Grant)		\$28,291.00		
CONTRACT	Proposed/Original Start Date:	6/1/2025	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:		AAA Police Supply 940 Providence Highway, Dedham, ME 02026		
Brief Description of Goods/Services/Grant:		Ammunition		

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. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Warden Service accidentally used the incorrect master agreement to purchase our ammunition. We chose another vendor who had an ammunition master agreement, but not for the correct ammunition. The ammunition has already been purchased and distributed
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.	We were out of ammunition and needed to replenish our supply. We looked up the master agreement and accidentally selected the incorrect vendor for the specific ammunition that we ordered.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	We purchased from a vendor who holds a master agreement with the State of Maine.
4. Describe the plan for future competition for the goods or services.	Warden Service will use the master agreement for future purchases.

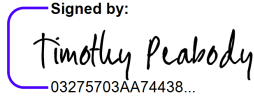
<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be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

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <a href="#">Title 5, §18</a> and <a href="#">§18-A</a>, in harmony with MRS <a href="#">Title 17, §3104</a>.</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

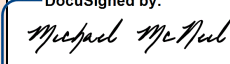
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	 <p>Signed by: Timothy Peabody 03275703AA74438...</p>		
Typed Name:	Timothy Peabody	Date:	11/6/2025

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):	 <p>Signed by: Timothy Peabody 03275703AA74438...</p>		
Typed Name:	Timothy Peabody	Date:	11/6/2025

**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	 <p>DocuSigned by: Michael McNeil 7008796FB36A449...</p>		
Typed Name:	Michael McNeil	Date:	12/22/2025

NOI 1220251106