



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:		DAFS / BGS / PMD		
Department Contract Administrator or Grant Coordinator:		Gary Tibbetts		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 7,847.43	Advantage CT / RQS #:	RQS 18A 20250604000000001859
CONTRACT	Proposed Start Date:	5/6/2025	Proposed End Date:	5/30/2025
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:		Anixter, Inc. Dallas, TX 75284-7428		
Brief Description of Goods/Services/Grant:		Purchase electric strikes for access control work at various statewide locations.		

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 checked="" 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.

Our inventory for these parts was low. Due to the large number of on-going/ scheduled access control projects state-wide, we needed to place this order so that projects are not delayed.

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

The selected vendor had the parts needed in stock and ready to ship.

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

Prices are very comparable to purchases of this item in the past.

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

In future, we'll more closely watch inventory, and the total cost of the order, to ensure we do not exceed Procurement's purchasing limits.

### 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):	<i>Brian Keezer</i> <i>6/6/25</i>		
Typed Name:	Brian Keezer, Director	Date:	
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Martha Verhille</i> <small>891CE7A1493D45B...</small>		
Typed Name:	Martha Verhille	Date:	6/20/2025