



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:	DAFS/BGS/Property Management Division		
Department Contract Administrator or Grant Coordinator:	Valerie Russell		
(If applicable) Department Reference #:			
Agency Department Code:	18A	Advantage CT / RQS #:	2026042800000002263
Amount: (Contract/Amendment/Grant)	\$17,155.00		
CONTRACT	Proposed/Original Start Date:	5/1/2026	Proposed/Most Recent End Date: 5/4/2026
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 Energy Services Co.	
Brief Description of Goods/Services/Grant:		Emergency repair to the boiler @ BMV	

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 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.	One section of the boiler at 101 Hospital St (BMV) has cracked and is leaking. This repair needs to be done quickly because the boiler is needed to provide heat and hot water.
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.	AAA has the current contract for "large and small boiler cleaning and service" therefore are very familiar with this boiler and have availability to do the work this weekend, May 1-4, which works with BMV's schedule.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Following review of the quote, we feel it is in line with current costs.
4. Describe the plan for future competition for the goods or services.	If it was not an emergency, we'd put this out to competitive bid.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPAMJRP 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): *Brian Keezer*

Typed Name: Brian Keezer, Director BGS Date: 4-28-26

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): *Anya A. Trundy*

Typed Name: ~~Elaine Clark, Commissioner DAES~~ Date: 04/28/26

Anya A. Trundy, Deputy Commissioner

****OSPS Section Only****

Signature of DAFS Procurement Official:  Signed by: Kathy Blais 41C2BA36FAF44CD...

Typed Name: Kathy Blais Date: 5/4/2026