



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 Division of 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Agriculture, Conservation and Forestry	
Department Contract Administrator or Grant Coordinator:		Kent Nelson, Forest Ranger Specialist	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 5183.05	Advantage CT / RQS #:	RQS 2024061200000001785
CONTRACT	Proposed Start Date:	Proposed End Date:	
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:		Beauregard Equipment	
Brief Description of Goods/Services/Grant:		Semi – annual maintenance for Morbark 15" wood chipper.	

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 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.

The Morbark 15" wood chipper is part of the MFS Wildfire Risk Reduction program. It was purchased in 2008 and after 16 years of use, needed replacement of both the main feed wheel bearings and the drum bearings. Both components were labor intensive to replace.

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

Beauregard Equipment is the only authorized service center for Morbark wood chippers in Maine. They have two locations. It was more convenient to bring our chipper to their location in Herman than the other location in Scarborough.

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

Prior to 2018, we used Nortrax in Westbrook to complete the annual service on the wood chipper. In 2018, Nortrax gave up the dealership for Morbark and Beauregard Equipment took it over. If no problems were found, the average cost for annual service was usually less than \$2000. The labor rate of \$150 per hour is typical for specialized equipment repair.

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

This type of brush chipping equipment requires occasional replacement of expensive parts that require a lot of labor costs to remove, test and replace. In the future, we will ask for a more detailed estimate of the cost before authorizing this type of repair.


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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: 		
Typed Name:	8F3DD450C23241F... Randy Charette	Date:	6/16/2024

Procurement Justification Form (PJF)

Signature of DAFS Procurement Official:	DocuSigned by: <i>Michael McNeil</i> <small>7008796FB36A449...</small>	
Typed Name:	Michael McNeil	Date: 6/27/2024

NOI 0620240755