



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
Table with fields: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Advantage CT / RQS #, CONTRACT, AMENDMENT, GRANT, Vendor/Provider/Grantee Name, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION
Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with options A-L: Competitive Process, Amendment, Single Source/Unique Vendor, Proprietary/Copyright/Patents, Emergency, University Cooperative Project, Grant, State Statute/Agency Directed, Federal Agency Directed, Willing and Qualified, Client Choice, 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.

This request is for the purchase for two new continuous water quality monitoring instruments. Each instrument is equipped to measure; DO, CDOM, Chlorophyll, Turbidity, Depth, pH, Conductivity and Temperature. These instruments are necessary for our Division to accurately assess the attainment status of ambient water quality.

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

Our Division has a good deal of experience purchasing products from the selected vendor. This particular vendors costs are significantly lower than other vendors of comparable equipment.

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

Our Division has sought estimates from other vendors. This vendor had significantly lower costs than others, and also provided an additional 7% discount from normal pricing.

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

We will continue to solicit vendors for the best value.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)



Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):			
Typed Name:	Melanie Loyzim	Date:	Feb 15, 2022
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	william J.E. Allen	Date:	2/18/2022

NOI 0220220164 02/18/2022 - 02/24/2022