



## 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:	Environmental Protection – BRWM – Response Services		
Department Contract Administrator or Grant Coordinator:	Andi L. Lasselle		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$11,9000	Advantage CT / RQS #:	CT #20240118*1994
<b>CONTRACT</b>	Proposed Start Date:	<b>1/1/2023</b>	Proposed End Date: 12/31/2023
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Noble 177 Huntington AVE, Suite 1703 Boston, MA 02115		
Brief Description of Goods/Services/Grant:	Training for emergency response to hazardous material releases		

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.

<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.	
	In order to develop technical proficiency and maintain competencies to hazardous material spills, the Division of Response Services is requested to contract with this highly specialize training provider who delivers advanced hazardous material response training through a unique proprietary system known as HazMatIQ.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
	Nobel/Federal Resources aims to provide best-in-class service when it comes to providing emergency responders with quality equipment and training. Their goal is to offer training that prepares individuals responding to hazardous material spills and WMDs for the challenges they'll be facing on a day-to-day basis. Noble/Federal Resources has the leadership, quality, and decade's worth of experience to provide comprehensive hazardous material technician level training that are designed to make those within this field perform safely and effectively to ensure mission success.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
	Federal Resources/Noble rates are competitive with other vendors who train nation-wide.
4. Describe the plan for future competition for the goods or services.	
	Response Services will continue to look for training opportunities that allow them to maintain compliance with all state and federal rules and regulations, technical proficiency and competencies in order to perform their job duties safe and effectively. Whenever possible the competitive bid process will be utilized.

<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 – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: APPROVALS</b>	
The signatures below indicate approval of this procurement request.	

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Signature of requesting Department's Commissioner (or designee):	<i>David R. Madore for Melanie Loyzim</i>		
Typed Name:	David Madore for Melanie Loyzim	Date:	02/12/2024
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Martha Verhille</i>		
Typed Name:	<small>891CE7A1493D45B...</small> Martha Verhille	Date:	2/13/2024