



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:		Bureau of General Services	
Department Contract Administrator or Grant Coordinator:		Nick Ferrala	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 9,120.00	Advantage CT / RQS #:	CT 18A 20240205*2159
CONTRACT	Proposed Start Date:	2/1/2024	Proposed End Date: 4/30/2024
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:		Goodwin Environmental Testing Inc., 17 Kathryn Ln, Bangor, ME 04401 VC0000263674	
Brief Description of Goods/Services/Grant:		Assess Radon presence / risk in the Cross State Office Building, 111 Sewall Street, Augusta, ME	

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 type="checkbox"/>	J. Willing and Qualified
<input checked="" 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.

Testing for radon in the Cross Office Building has been ordered on a priority basis following recent testing in the State House.

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

Vendor is well-qualified, registered with the SOM Radiation Control Program and has worked for SOM with good results.

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

Vendor has demonstrated to have testing cost at approximately 60% of typical or "going" rate (per SOM Radiation Control Program and recent competitive bid for radon testing in the State House, where 3 other vendors quoted \$90.00 to \$110.00 per sample while Goodwin Environmental charges \$55.00 to \$60.00 per sample).

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

Competitive bids will be solicited for future radon testing.

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:

Elaine Clark

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Typed Name:

Elaine Clark, Deputy Commissioner

Date:

2/13/2024

Signature of DAFS
Procurement Official:

Typed Name:

Date: