



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:		DEP, BRWM, RESPONSE	
Department Contract Administrator or Grant Coordinator:		Greg O'Brien	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)		\$ 10,000	Advantage CT / RQS #: CT # 20240213*2222
CONTRACT	Proposed Start Date:	06/01/2023	Proposed End Date: 05/31/2024
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:		Republic Services 31 Waldron Way, Portland, ME 04103	
Brief Description of Goods/Services/Grant:		Non emergency spill preparedness services	

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 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.

Labor intensive transition of oil spill containment boom storage location. This contracted replaces former contract with the vendor, under a different name, and needed to be updated asap, in order to pay outstanding invoices and continue services.

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

Local vendor with boats and laborers.

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

Groundwater funding – fair and reasonable based on prior costs.

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

If the work is needed in the future and anticipated to be over \$5K, quotes will be obtained if other vendors can be found that perform these duties.

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):

David R. Madore for Melanie Loyzim

Typed Name:

David Madore for Melanie Loyzim

Date:

Feb 16, 2024

Signature of DAFS
Procurement Official:

DocuSigned by:
Martha Verhille
891CE7A1493D45B...

Typed Name:

Martha verhille

Date:

2/20/2024