



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:		DHHS/MECDC/Radiation Program		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell		
(If applicable) Department Reference #:		CD0-23-32CAP01		
Amount: (Contract/Amendment/Grant)		\$ 11,333.05	Advantage CT / RQS #:	RQS 10A 20230126000000000903
CONTRACT	Proposed Start Date:	11/08/2022	Proposed End Date:	12/31/2022
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:		Durrige Company Inc Billerica, MA		
Brief Description of Goods/Services/Grant:		RAD8 Electronic Radon Detector to support the Radon Program projects.		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 Radon Program offers an inspection service to homes or business that have radon issues. This could be a program with measurement results or a problem with a radon mitigation system that is not operating properly. The RAD8 Electronic Radon Detector will measure both air and water radon matrices. More that that, it will provide results within a half hour. All other units must equilibrate for at least 24-48 hours to give valid readings. This means that the radon situation in a person's home can be investigated during the time the inspector is there. This saves a lot of time as compared to leaving the radon detector for 24 hours then making another trip to the home to retrieve it.

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

The vendor is unique in that they manufacture the only portable instrument that can read both air and water radon while the inspection is taking place. This is an ideal instrument for on-site measurement.

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

The cost for the RAD8 is fair and reasonable due to the quality of the instrument and its ability to measure both air radon and water radon. Laboratory instruments that perform the same type of measurement run between \$40,000 and \$50,000 and are not "portable".

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

Currently the Radon/Radiation Department is not aware of any other vendors offering the same type of radon measurement instrumentation and in the future the program will do further research to see if there is a vendor with equipment, and do a bid process if needed.

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

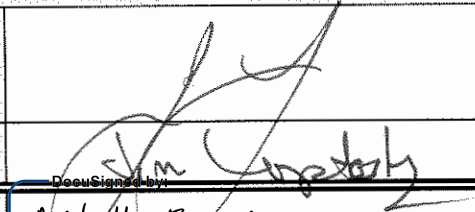
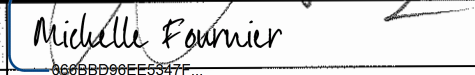
Does this request utilize ARPA/MJRP funds?

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:	Steve Gagnier	Date: 25 June 23
Signature of DAFS Procurement Official:		
Typed Name:	Michelle Fournier	Date: 4/14/2023