



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:	Dept of Marine Resources, Bureau of Sea Run Fisheries and Habitat		
Department Contract Administrator or Grant Coordinator:	Sean Ledwin/ Amanda Webb		
(If applicable) Department Reference #:	N/A		
Amount: (Contract/Amendment/Grant)	\$ 500,000.00	Advantage CT / RQS #:	13A 20230403000000002533
CONTRACT	Proposed Start Date:	4/15/2023	Proposed End Date: 9/30/2024
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:	Town of Wiscasset, Wiscasset, Maine VC1000097276		
Brief Description of Goods/Services/Grant:	Project Management for Old Ferry Rd.		

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.

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 Town of Wiscasset will provide oversight for anadromous fish passage improvements at the Old Ferry Rd. culvert located in Wiscasset, ME (43.961116, -69.698059). Town of Wiscasset and its agents will provide construction oversight to ensure compliance with state and federal permit requirements and to verify the work is done according to stamped engineering design plans. Culvert replacement is set for 2023.

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

The Town of Wiscasset has secured over a million dollars towards the project already, has collected bids and gone through the permitting process. The Town of Wiscasset has extensive project management experience with this project and enough time and capacity to complete the project. DMR does not have program staff that can oversee the construction and permitting, particularly give some budget restrictions with contract staff at DMR and the remote nature of this project. The Town of Wiscasset is also contributing funding to this project. Without Town of Wiscasset managing the project, DMR could not complete this project.

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

DMR is only providing partial funding for this effort and the Town of Wiscasset has secured and will continue to seek additional funds to make the project complete. Town of Wiscasset has a pending contract with a subcontractor who can complete this work at low cost, can complete the project within the agreed upon timeframe, and has a proven track record of project completion.

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

If in the future, if another vendor becomes available that has the adequate facilities and capabilities to fill this role, we will evaluate each equally.

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

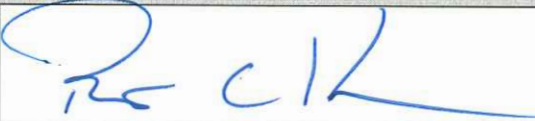
Does this request utilize ARPA/MJRP funds?

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:	Patrick Keliher, Commissioner	Date:	4/19/2023

Signature of DAFS Procurement Official:	DocuSigned by: <i>Martha Verhille</i> 891CE7A1493D45B...		
Typed Name:	Martha verhille	Date:	4/21/2023