



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/Solid Materials Management		
Department Contract Administrator or Grant Coordinator:	Eric Hamlin		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 7,832.95	Advantage CT / RQS #:	RQS #20240301*1247
CONTRACT	Proposed Start Date:		Proposed End Date:
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:	Detection Instruments Corporation, 18441 N. 25 th Avenue, Suite 101, Phoenix, AZ 85023		
Brief Description of Goods/Services/Grant:	Acrulog 4G wireless 0-2000 ppb H2S gas data logger and accessories.		

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.


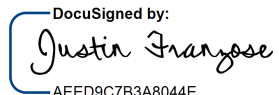
PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Unit staff were unable to find an alternative meter with the sensitivity, portability, data reporting, and other features required for our needs, even after consultation with senior members of the Department's Bureau of Air Quality.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Detection Instruments appears to be the sole US vendor for the instrument, which is manufactured by Acrulog, which is based in Australia.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	A cost estimate was provided by the single source vendor which appears fair and reasonable based on the type of instrument and accessories needed.
4. Describe the plan for future competition for the goods or services.	If another unit is needed in the future, Solid Materials will continue to look for similar units from other manufacturers and vendors and will seek competitive bids if alternatives can be located.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
Does the requesting Department signatory understand and acknowledge Maine's COI Statute?	
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.	

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	David R. Madore for Melanie Loyzim	Date:	Apr 26, 2024
Signature of DAFS Procurement Official:			
Typed Name:	Justin Franzose	Date:	4/29/2024