



**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 Riverview Psychiatric Center	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Stacy Martin	
(If applicable) Department Reference #:		RPC-22-601A	
Amount: (Contract/Amendment/Grant)	Orig.: \$25,000.00 Amend A: \$18,200.00 Total: \$43,200.00	Advantage CT / RQS #:	BPO 10A 20210628*1096
<b>CONTRACT</b>	Proposed Start Date:	Proposed End Date:	
<b>AMENDMENT</b>	Original Start Date:	Effective Date:	07/01/2021
	Previous End Date:	New End Date:	N/A
<b>GRANT</b>	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Clean Harbors Environmental Services Norwell, MA	
Brief Description of Goods/Services/Grant:		Biomedical and Pharmaceutical Waste Disposal Service	

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 checked="" 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 purpose of this agreement is to provide pharmaceutical and biomedical waste disposal services on a consistent basis. This agreement will ensure RPC's continued compliance with Federal, State and Local laws regarding biomedical and pharmaceutical waste disposal. This is an essential service that is required to ensure continued environmental compliance and assure the health and safety of RPC patients, visitors and staff.

The purpose of this amendment is to add funding as the waste management need has increased more than originally anticipated due to COVID-19.

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

Biomedical and Pharmaceutical waste containment and disposal services are subject to many complex requirements for its proper storage, transportation and destruction including, but not limited to, the US Environmental Protection Agency's Resource Conservation and Recovery Act (RCRA). In order to meet regulatory reporting requirements, RPC must have onsite pickup services and receive a Bill of Lading (BOL) for each pickup. The BOL contains essential information on the type and amount of waste collected and disposed. This information is reported annually to regulatory bodies and impacts the amount of Federal reimbursement to which RPC is entitled. Upon consulting with the State of Maine's Bureau of Procurement Services, it was discovered that none of the vendors currently under a Master Agreement for medical waste disposal services provide onsite pickup services. Rather, full waste containers are required to be mailed back to the vendor. This eliminates the ability to acquire the necessary BOL and would require unqualified staff to transport waste containers to a mail drop.

The Provider is the only qualified entity with the ability to provide this service with licensed personnel to provide onsite pickup, certified containers to hold disposed items between pickups, and qualified transport vehicles to move waste items from RPC to the disposal site.

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

The cost increase was based on the additional waste resulting from the extra precautions and safety measures for proper disposal of the additional COVID related waste.

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

The Department does not intend to competitively bid this service.

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

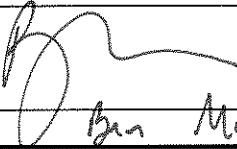
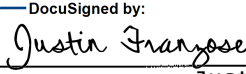
Does this request utilize ARPA/MJRP funds?

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:	Ben Morris	Date:	4/20/22
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	AEED9C7B3A8044E... Justin Franzose	Date:	5/18/2022