

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DAFS/Bureau of General Services	
Department Contract Administrator or Grant Coordinator:		William Longfellow	
(If applicable) Department Reference #:		Amendment #5	
Amount: (Contract/Amendment/Grant)	\$136,030.26	Advantage CT / RQS #:	CT 18F 20171103*1579
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	03/01/2018	Effective Date:
	Previous End Date:	06/30/2022	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		VC1000026827 Town of East Millinocket, ME	
Brief Description of Goods/Services/Grant:		Professional Services (Municipal Wastewater treatment plant engineering/operations/construction/demolition).	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
x	B. Amendment		H. State Statute/Agency Directed
x	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

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 East Millinocket and the State have an agreement, whereby the Town and State agree to cost share all operations and maintenance expenses for treatment of municipal sanitary wastes and landfill leachate. The East Millinocket Wastewater Treatment facility is the one facility that was designed to treat leachate from the Dolby Landfill. There are no other cost competitive options at this time for the treatment of the leachate.

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The Town owns/operates the municipal wastewater treatment plant, which provides ongoing treatment of leachate from the state-owned Dolby Landfill. Leachate is conveyed to the town's wastewater treatment plant via subsurface pipeline owned and operated by the State. Treatment of Dolby leachate at the East Millinocket treatment plant was and continues to be the logical treatment option.

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

The Town of East Millinocket and Wright Pierce Engineers have developed a cost-share budget for O/M expenses at the Town's wastewater treatment plant to treat leachate generated at the state-owned Dolby Landfill. State cost share expenses are based upon current leachate generation volumes. The State is currently completing phases II and III of closure capping at the Dolby Landfill. This landfill capping will reduce future volumes of landfill leachate that will need to be conveyed to the Town's treatment plant. The State anticipates that future expenses for leachate treatment will be reduced as leachate volumes are diminished.

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

This is a unique scenario, resulting from the Great Northern Paper Company bankruptcy filing and Asset Purchase Sale on December 4, 2014. The Town of East Millinocket owns/operates the wastewater treatment plant and has reserved treatment capacity at the plant for ongoing treatment of leachate generated from the state-owned Dolby Landfill in East Millinocket.

Wastewater treatment rates are currently under review by the state and will be discussed with the town in FY23.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
	5.25.22		
Printed Name:	Elaine Clark DAFS Deputy Commissioner	Date:	
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	AEED9C7B3A8044E... Justin Franzose	Date:	5/27/2022