



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:	Environmental Protection/Bureau of Remediation & Waste Management		
Department Contract Administrator or Grant Coordinator:	Victoria Eleftheriou		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 150,000	Advantage CT / RQS #:	20211122*1256
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	8/9/2021	Effective Date:
	Previous End Date:	2/9/2023	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Clean Venture Inc. d/b/a ACV Enviro Skowhegan, ME		
Brief Description of Goods/Services/Grant:	PFAS-contaminated solids need to be stored off-site while the Anson-Madison Sanitary District installs a treatment system. Other disposal options need to be evaluated.		

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 checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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 checked="" 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.

This contract is needed to provide for the management of PFAS-impacted manure solids from a site in Fairfield. The solids are currently being stored while a treatment system is being constructed at the Anson-Madison Sanitary District.

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

The selected vendor already has familiarity with the waste material and has been working with the owner to provide temporary storage tanks and treatment. The selected vendor is also looking into other options for treatment and disposal of solids.

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

The selected vendor is local and familiar with the site. The scope of services has already been reduced to those items that are immediately necessary to protect the environment from the overflow of manure from the lagoon and proper treatment of solids. A higher price quote was received from an alternate vendor. The Department continues to evaluate the effectiveness of manure treatment by an independent third-party vendor which will be used to guide future decision making.

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

The selected vendor will evaluate other disposal options and treatment systems used and propose recommendations for a future phase of the project which may consist of managing PFAS-impacted manure at other similar sites. Consideration will be given to competitively bidding out this portion of the project based on the circumstances at the time.

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



Does this request utilize ARPA/MJRP funds?

X 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:	Melanie Loyzim	Date:	Apr 26, 2023
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	891CE7A1493D45B... Martha Verhille	Date:	5/15/2023