



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
 STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Corrections	
Department Contract Administrator or Grant Coordinator:		Chad W Cooper	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 5962.00	Advantage CT / RQS #:	03E 20250512*1680
CONTRACT	Proposed Start Date:	1/1/2024	Proposed End Date: 5/31/2025
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:		ALPHA ANALYTICAL Westborough, MA	
Brief Description of Goods/Services/Grant:		WATER TESTING FOR PFAAs	

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 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.

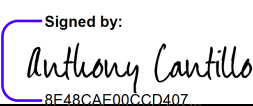
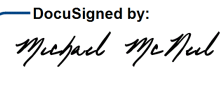
PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	
	The invoices associated with this PJF are older and were not received by the department until Alpha Analytical was purchased by Pace Analytical. The testing was for PFAAs during the time that Mountain View Correctional Facility's water supply was undergoing remediation due to high PFAA levels. The total of the invoices was unexpectedly over \$5000.00 as frequent testing was necessary to ensure water safety compliance before, during, and after remediation.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
	This vendor was able to perform the PFAAs testing that was necessary to determine what steps needed to be taken for remediation and to monitor the success of the project to return MVCF's water supply to acceptable levels for drinking and cooking safety.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
	This vendor's rates were deemed fair at the time of service
4. Describe the plan for future competition for the goods or services.	
	The Department will be seeking competitive bids for a contract for routine testing moving forward.

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	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.	

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	Signed by:  <small>8F48CAE00CCD407</small>		
Typed Name:	Anthony Cantillo	Date:	5/12/2025
Signature of DAFS Procurement Official:	DocuSigned by:  <small>7008796FB36A449...</small>		
Typed Name:	Michael McNeil	Date:	5/16/2025

NOI 0520250430 5/16-5/22