



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:		Maine Department of Environmental Protection/BRWM/Residuals		
Department Contract Administrator or Grant Coordinator:		Stephen Morin		
(If applicable) Department Reference #:		N/A		
Amount: (Contract/Amendment/Grant)		\$ 100,000	Advantage CT / RQS #:	CT # 20250407*2307
CONTRACT	Proposed Start Date:	03/28/2025	Proposed End Date:	9/30/2026
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:		Great Salt Bay Sanitary District, Damariscotta, ME		
Brief Description of Goods/Services/Grant:		Maine DEP is reimbursing GSBSD for handling private connections for homes with water supplies impacted by PFAS to connect to the town water line, as well as some minor interior plumbing work.		

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
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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.	<p>Per-and polyfluoroalkyl substances (PFAS) have been detected in a number of local private water supplies on Midcoast Road and Keene Woods Road in Damariscotta, Maine. GSBSD has received a Drinking Water State Revolving Fund (DWSRF) grant from the Department of Health and Human Services (DHHS) Drinking Water Program for approximately \$2,000,000. This grant funding is primarily being allocated to the construction of the public water main extension. In leu of the MEDEP installing individual private water filtrations systems to address PFAS impacts, and conducting ongoing filter monitoring and maintenance, MEDEP offers \$100,000 toward the cost of connecting homes from the curb stop to their plumbing system, and indoor plumbing expenses.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>Great Salt Bay Sanitary District is the operating water/sanitary district in Damariscotta. They were the entity that was eligible to apply for the DWSRF grant that facilitated the waterline extension project, and it is their water main that was extended.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The Maine DEP evaluated the long-term costs of installing filtration systems vs. public water and concluded that public water is the more affordable and convenient long-term option for both the Department and the impacted residents. The Maine DEP decided to contribute \$100,000 to the project, with this funding being allocated to both private connections from individual plumbing systems to the curbstop and interior plumbing work for the same homes.</p>
4. Describe the plan for future competition for the goods or services.	<p>This is a one-time reimbursement. There will be no future continuation or funding of this project.</p>

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

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](#).

☒ 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):			
Typed Name:	Sherrie Kelley for	Date:	05/16/2025
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>891CE7A1493D45B...</small>		
Typed Name:	Martha verhille	Date:	5/20/2025