



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:	DAFS/BGS/Property Management Division			
Department Contract Administrator or Grant Coordinator:	Valerie Russell			
(If applicable) Department Reference #:	N/A			
Agency Department Code:	18P	Advantage CT / RQS #:	2103260000000000094	
Amount: (Contract/ Amendment /Grant)	\$16,250.00			
CONTRACT	Proposed/Original Start Date:	4/15/2021	Proposed/Most Recent End Date:	4/30/2026
AMENDMENT	New Effective Date:	5/1/2026	New End Date (if Applicable):	07/30/2026
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Aqua Laboratories			
Brief Description of Goods/Services/Grant:	Treatment Compounds for Boilers and Cooling Towers			

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

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

These products are used for the treatment of cooling towers, steam boilers, hydronic boilers and correlating systems. These are used for keeping water chemically balanced to manufacturers specifications. Preventing corrosion scale building up and pitting of metal surfaces. Components and distribution pump automation is also critical to the distribution of chemicals into systems. Along with testing monthly an adjusting ppm by manufacturer this helps keep systems running efficiently and prolongs the life of this equipment.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

This was originally put out to RFQ 210308-185. This is a short-term extension, there is an RFQ in process 18A 2603160000000000230.

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

Aqua Laboratories costs were fair and reasonable within the RFQ selection process.

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

Will put out another RFQ out when due.

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

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

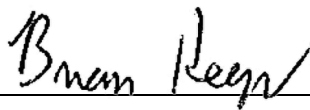
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

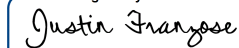
Typed Name: Brian Keezer

Date: 5/27/2026

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

****OSPS Section Only****Signature of DAFS
Procurement Official:DocuSigned by:

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Typed Name: Justin Franzose

Date: 5/27/2026