



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 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:		DAFS – Procurement Services	
Department Contract Administrator or Grant Coordinator:		Bill Allen	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 250,000	Advantage CT / RQS #:	MA 18P 200401-122
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	4/1/2020	Effective Date:
	Previous End Date:	6/30/2022	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		OCTAGON CLEANING AND RESTORATION, Windham ME	
Brief Description of Goods/Services/Grant:		Emergency Bio-Hazard Cleaning Services	

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 checked="" 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

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 State of Maine has the need for emergency bio-hazard clean-ups around the state with short notice.

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

This contractor is a qualified bio-hazard cleaning company. They provided a procedure document for removing bio-hazard contaminants and their policy for working in spaces where confidentiality is required. They can provide the service to the entire state generally in less than two hours.

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

We are accepting any willing and qualified contractors to create or extend Master Agreements. The users will determine if the cost is fair and reasonable for their area of need at the time the service is required.

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

We will continue to accept any application from any willing and qualified contractor to create Emergency Bio-Hazard Cleaning Service Master Agreement Contract.

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

Does this request utilize ARPA/MJRP funds?

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):

DocuSigned by:
Jaime C. Schorr
6D8437754DD0459...

Typed Name: Jaime C. Schorr

Date: 6/22/2022

Signature of DAFS
Procurement Official:

DocuSigned by:
William J.E. Allen
2D5B6E39F57E44A...

Typed Name: William J.E. Allen

Date: 6/22/2022

NOI 0620220607 06/22/2022 - 06/28/2022