



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:		Health & Human Services/Maine CDC/Environmental and Occupational Health		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Stacy Martin		
(If applicable) Department Reference #:		CDM-23-5352		
Amount: (Contract/Amendment/Grant)		\$ 215,632.00	Advantage CT / RQS #:	CT 10A 2022060600000003217
CONTRACT	Proposed Start Date:	07/01/2022	Proposed End Date:	06/30/2023
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:		Penquis CAP Bangor, Maine		
Brief Description of Goods/Services/Grant:		Lead Inspections		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.

Title 22: Chpt 252 §1320-A (<http://legislature.maine.gov/legis/statutes/22/title22sec1320-A.html>) requires the Department to inspect within 30 days all units within a building for lead hazards when lead based substances or a lead poisoned child is identified in a unit within that building. The timeliness of these inspections is important as this allows the Department to identify the sources of lead exposure in the homes of children, then intervene to mitigate children's exposure lead by ordering lead hazards to be removed and children relocated to a lead-safe home if appropriate.

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

Environmental Lead Inspections can only be performed by Maine DEP licensed risk assessors. Any Providers who are willing and meet the specific qualifications as detailed above to perform these services may be offered a contract. This vendor meets the qualifications required to perform these services.

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

The agreement amount is based on the projected number of cases of lead poisoning the Department expects to identify during the agreement period within the provider's service area. Costs per inspection type and location were established through a competitive request for proposals process in 2016 (RFP # 2016041094) and re-negotiated with the vendor under this new contract. Costs are consistent with other vendors providing these services in Maine.

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

These services will be procured under the Willing and Qualified process.

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


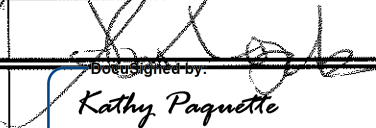
Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:		Date:	15 June 22
Signature of DAFS Procurement Official:			
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	6/24/2022