



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:		Bureau of General Services	
Department Contract Administrator or Grant Coordinator:		Nick Ferrala	
(If applicable) Department Reference #:		286 Water Street, Augusta, ME	
Amount: (Contract/Amendment/Grant)	\$ 7,550.00	Advantage CT / RQS #:	CT 18A 20230512*3171
CONTRACT	Proposed Start Date:	5/15/2023	Proposed End Date: 8/15/2023
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:		Haley Ward, Inc., One Merchants Plaza, Suite 701, Bangor, ME 04401, VC1000014195	
Brief Description of Goods/Services/Grant:		Mold and Moisture Damage / Risk Assessment, 8 <sup>th</sup> and 9 <sup>th</sup> Floors, at 286 Water Street, Augusta, ME	

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

**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.

Occupants of the building fear that there is hidden mold growth within wall cavities as a result of chronic rainwater intrusion over several years due to building-construction defects. Provider will assess water intrusion and mold presence / risk inside perimeter wall cavities throughout the 8<sup>th</sup> and 9<sup>th</sup> Floors, using a combination of borescope inspection / photography and surface sampling (as deemed appropriate).

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

Provider has specialized experience in the use of required equipment and in conducting this type of exploratory investigation.

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

Costs are reasonable for the service provided and comparable to specialized / technical building inspections in general. The Provider is a trusted vendor.

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

BGS is always seeking to discover additional vendors with specialized capabilities and experience.

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

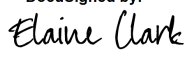
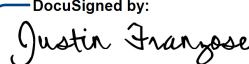
Does this request utilize ARPA/MJRP funds?

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:  <small>2D3B27040FF1432...</small>		
Typed Name:	Elaine Clark DAFS Deputy Commissioner	Date:	5/24/2023
Signature of DAFS Procurement Official:	DocuSigned by:  <small>AEE9C7B3A8044E...</small>		
Typed Name:	Justin Franzose	Date:	6/1/2023