

**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 Program		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell		
(If applicable) Department Reference #:		CDM-24-5371		
Amount: (Contract/Amendment/Grant)		\$166,566.00	Advantage CT / RQS #:	CT 10 A 20230510000000003132
CONTRACT	Proposed Start Date:	07/01/2023	Proposed End Date:	06/30/2025
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:		Clarity Property Services, LLC Lyman, ME		
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.

22 MRS §§ 1319-C, 1320, and 1320-A give the Department authority to inspect dwellings, child-occupied facilities, and child care facilities for lead hazards under certain circumstances, including when a lead poisoned child is identified or lead-based substances have been identified or are suspected. This agreement will provide services to the Department to execute this authority. The services to be procured are for environmental lead investigations to identify lead hazards in dwellings, child-occupied facilities, and child care facilities. Information gathered from investigations is used to prevent child occupants from further lead exposure in accordance with the Department's statutory authority to order the removal of lead hazards identified during inspections (22 MRS §1321). This agreement will also provide Department staff with trainings related to environmental lead investigations which will enable Department staff to better understand and coordinate investigation and enforcement activities and provide technical assistance to the families and property owners served by Department.

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

Environmental Lead Investigations can only be performed by risk assessors licensed by the Maine Department of Environmental Protection (DEP) and trainings related to environmental lead investigations can only be provided by entities certified by the Maine DEP or the U.S. EPA to provide those trainings. Any Providers who are willing and meet the requirement to be a licensed lead risk assessor in Maine and hold the proper State and federal certifications to be a training provider 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 and the per student market rate for each training class. Costs per inspection type and location were established through a competitive request for proposals process in 2016 (RFP # 201604094) and re-negotiated with the vendor under this new contract. Costs are consistent with other vendors providing these services in Southern 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):	<i>Debra Downer</i>		
Typed Name:	Debra Downer, Deputy Director for Competitive Procurement	Date:	Jun-05-2023
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Typed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	6/26/2023