



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:		Board of Pesticides Control/Animal & Plant Health/DACF			
Department Contract Administrator or Grant Coordinator:		John Pietroski			
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)		\$ 27,000	Advantage CT / RQS #:		20240401*2693
CONTRACT	Proposed Start Date:	9/30/2024	Proposed End Date:		11/30/2024
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:		Council on Licensure, Enforcement & Regulation Nicholasville, KY			
Brief Description of Goods/Services/Grant:		The Council for Licensure, Enforcement and Regulation (CLEAR) will provide Maine and other EPA Region 1 state staff with the 24-hour National Certified Investigator/Inspector Training (NCIT). The CLEAR-NCIT specialized training is a program that provides certification in multiple subject areas, including interviewing techniques, investigative analysis and report development.			

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 checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input 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.

This program is essential for the Board of Pesticides Control staff, other EPA Region 1 state staff and other Bureau of Agriculture Food and Rural Resources staff to learn critical skills to enhance their ability to perform regulatory duties in their positions.

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

This training program's attendance fee and expenses will be covered by the Cooperative Agreement grant allocated through the Environmental Protection Agency grant that is provided to the Board of Pesticides Control.

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

Funding was allocated to the Maine Board of Pesticides Control as part of a Cooperative Agreement with the Environmental Protection Agency.

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

There is no current plan for future competition because this CLEAR-NCIT Specialized training is proprietary and is only available through CLEAR. Should another specialized certified inspector program be offered by other vendors the Department would obtain these services by the most appropriate means, including an RFP.

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) – If Yes, please be aware of the requirements from awarding federal agencies.

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: <i>Randy Charette</i> 8F3DD450C23241F...		
Typed Name:	Randy charette	Date:	6/21/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	6/21/2024