



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Marine Resources/Marine Science	
Department Contract Administrator or Grant Coordinator:		Jarrod Desjardins/HQ Finance	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ 8,259.63	Advantage <u>CT</u> / RQS #:	13A 20250612000000003157
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2026
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:		Giles Rubbish Boothbay, Maine 04537	
Brief Description of Goods/Services/Grant:		Waste and Cardboard removal	

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.

Rubbish removal is essential for day-to-day operations at DMR's Boothbay Facility.

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

Giles Rubbish is the only vendor in the area with the capability and willingness to perform this kind of waste management. Since we often dispose of large waste barrels full of fish carcasses other waste management companies refuse to provide services.

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

Negotiated cost is fair and reasonable for the services provided considering there are no other vendors available to provide these services.

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

Should other companies become available in the future that can meet DMR's waste disposal needs we will solicit quotes from multiple vendors.

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: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Erin Summers, Acting Director	Date:	12/06/2025
Signature of DAFS Procurement Official:	<div data-bbox="560 436 812 535" style="border: 1px solid black; padding: 5px;"> <p>DocuSigned by:  <small>891CE7A1493D45B...</small></p> </div>		
Typed Name:	Martha verhille	Date:	6/20/2025

PJF CT 13A 20250612-3157

Final Audit Report

2025-06-12

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