



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:		Environmental Protection/Technical Services		
Department Contract Administrator or Grant Coordinator:		Charles Rodda/Sean Dougherty		
(If applicable) Department Reference #:				
Agency Department Code:	06A	Advantage CT / RQS #:	RQS #20260618*1988	
Amount: (Contract/Amendment/Grant)		\$24,217.00		
CONTRACT	Proposed/Original Start Date:		Proposed/Most Recent End Date:	
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		YSI Inc., Xylem Analytics		
Brief Description of Goods/Services/Grant:		2 – Multi-parameter water quality meters and service plan		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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.

The meters are used to measure water quality parameters in groundwater and surface water and are used as part of best-practice groundwater sampling protocols.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The vendor is the manufacturer of the instrument. A maintenance and service plan can be purchased through Xylem, which cannot be obtained if the meters are purchased through another vendor. This service plan is important for maintaining the instruments.

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

The costs are typical of the market, comparable to other vendor options.

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

Other vendors would be considered if they were to offer a comparable service plan.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

David R. Madore for Melanie Loyzim

Date:

06/18/2026

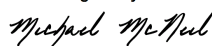
2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

****OSPS Section Only****Signature of DAFS
Procurement Official:

DocuSigned by:



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Typed Name:

Michael McNeil

Date:

6/24/2026

NOI 0620260477 6/24-6/30