



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:	DMR Bureau of Sea Run Fisheries and Habitat		
Department Contract Administrator or Grant Coordinator:	Sean Ledwin / Marge Morissette		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 212,024.06	Advantage CT / RQS #:	13A 20220801000000000340
CONTRACT	Proposed Start Date:	5/1/2023	Proposed End Date: 12/30/2023
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:	Atlantic Salmon Federation, Brunswick, Maine		
Brief Description of Goods/Services/Grant:	Project Management for Upper Town Dam 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.	<p>The Atlantic Salmon Federation (ASF) will provide oversight for anadromous fish passage improvements at The Upper Town Dam in Lisbon, Maine. ASF and its agents will provide construction oversight to ensure compliance with state and federal permit requirements and to verify that the work is done according to stamped engineering design plans.</p> <p>Click or tap here to enter text.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>The Atlantic Salmon Federation has extensive project management experience with this project and enough time and capacity to complete this project. DMR does not have program staff that can oversee the construction and permitting, particularly given some budget reductions with contract staff at DMR and the remote nature of this project. The Atlantic Salmon Federation is also contributing funding to this project. Without the Atlantic Salmon Federation managing the project, DMR could not complete this project.</p>
3. Explain how the negotiated costs or rates are fair and reasonable, or how the funding was allocated to grantee.	<p>DMR is only partial funding for this effort and the Atlantic Salmon Federation will seek additional funds to make the project complete. The Atlantic Salmon Federation will contract with a subcontractor who can complete this work at low cost, can complete the project within the agreed upon timeframe, and has a proven track record of project completion. DMR has worked with the Atlantic Salmon Federation on a number of projects where they managed the construction.</p>
4. Describe the plan for future competition for the goods or services.	<p>If in the future, if another vendor becomes available that has the adequate facilities and capabilities to fill this role, we will evaluate each equally.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):			
Typed Name:	Patrick Keliher, Commissioner	Date:	
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>891CE7A1493D45B...</small> Martha Verhille	Date:	8/10/2022