



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:		Maine State Prison	
Department Contract Administrator or Grant Coordinator:		Robert Walden	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)		\$ 850,000.00	Advantage CT / RQS #:
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date: 6/30/2024
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:		Warren Sanitary District; Warren Maine	
Brief Description of Goods/Services/Grant:		To pay sanitation department invoice	

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.

A written agreement was made with the Warren Sanitary District when the Maine State Prison facility was constructed. The services provided for wastewater treatment are only available through the Warren Sanitary District.

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

Currently, we are unaware of any other resources available.

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

The agreement was originally created in 2001. The Department of Corrections along with the Bureau of General Services negotiated all the services and fees for the services. Please see the written agreement dated July 19, 2001.

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

There are no new/future vendor opportunities known.

### 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):



Typed Name:

Andy Cortez

Date:

7/26/2023

Signature of DAFS  
Procurement Official:

DocuSigned by:  
Kathy Paquette  
41C2BA36FAF44CD...

Typed Name:

Kathy Paquette

Date:

8/15/2023

NOI 0820230892 08/15/2023 - 08/21/2023