



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:		Corrections, Maine State Prison		
Department Contract Administrator or Grant Coordinator:		Bob Walden, Deputy Warden		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		6,496.80	Advantage CT / RQS #:	03B 20240725*0120
CONTRACT	Proposed Start Date:	5/1/2024	Proposed End Date:	5/31/2024
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:		Town of Waldoboro Waldoboro, Maine		
Brief Description of Goods/Services/Grant:		Solid Waste Disposal		

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.


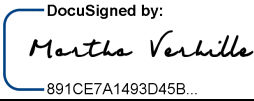
<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Maine State Prison generates approximately 750,000 pounds of solid waste every year. The facility is able to transport its own solid waste to an offsite disposal facility but requires a location to dispose of its high volume of waste multiple days a week.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Maine State Prison had a contract with the Town of Waldoboro (CT 03B 20201230*1956) which expired on 12/31/2023. The Department was seeking alternate service providers, however, none were located which has both capacity and feasibility to accommodate our needs. A new contract is being negotiated with the town, however the Department owes the vendor for the month of May for services already rendered. The May invoice is attached to the signed PJF.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The rates have remained the same since the contract was originally signed in 2020.
4. Describe the plan for future competition for the goods or services.	The Maine State Prison and Bolduc Correctional Facility will continue to monitor any and all solid waste disposal costs, options, and standards.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
Does the requesting Department signatory understand and acknowledge Maine’s COI Statute?	
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges <a href="#">MRS Title 5, §18-A, 2.</a>	

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Conner McFarland, Manager of Correctional Operations	Date:	
Signature of DAFS Procurement Official:			
Typed Name:	Martha Verhille	Date:	8/2/2024