



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:	Environmental Protection, Div. of Response Services			
Department Contract Administrator or Grant Coordinator:	Nathan Thompson			
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ \$5,497.00	Advantage CT / RQS #:	RQS #20240617*1808	
CONTRACT	Proposed Start Date:	07/01/24	Proposed End Date:	09/30/24
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:		CavCom Communications 1872 Industries Lane, Walker, MN 56484		
Brief Description of Goods/Services/Grant:		Radio adaptors for Hazmat operations		

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.

Maine Office of Information Technology is upgrading DEP Response Service portable radios. The new radios will require an upgraded push to talk adaptor to be compatible with our existing CavCom communication system used at oil and Hazmat response incidents.

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

The CavCom adaptors are unique to CavCom and not available by any other manufacturer.

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

Rates are consistent with the type of equipment sought and previously purchased for DEP's radios that are being replaced by OIT. This is sole source equipment, see attached CavCom sole source letter dated January 2024.

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

Currently, there are no future plans to replace DEP's Hazmat Team CavCom communications system.

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

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges [MRS Title 5, §18-A, 2](#).

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	<i>David R. Madore for Melanie Loyzim</i>		
Typed Name:	David R. Madore for Melanie Loyzim	Date:	Jul 15, 2024
Signature of DAFS Procurement Official:			
Typed Name:		Date:	