



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)		484,787.94	Advantage CT / RQS #:	03B 20240717*0112
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date:	6/30/2029
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 and Recycling 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.

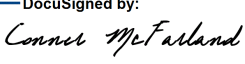
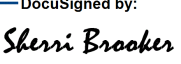
PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Weekly use of the Town of Waldoboro’s Transfer Station for proper disposal of Maine State Prison and Bolduc Correctional Facility solid waste and recycled materials.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Town of Waldoboro is the only known local transfer station that is willing and has capacity to provide this disposal service for our large volume of recycled materials and solid waste. (325 tons annually)
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	A previous long-term transfer station business relationship with the towns of Thomaston, South Thomaston, and Owls Head became financially unmanageable with expenses rising to over \$120,000 per year. Since contracting with the Town of Waldoboro starting in 2018, at approximately \$60,000 annually, the Department saw cost reductions of up to 50%.
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.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
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.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
Does the requesting Department signatory understand and acknowledge Maine’s COI Statute?	
<input checked="" type="checkbox"/> 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):	DocuSigned by:  8/7/2024 <small>FD522942914A4F8...</small>		
Typed Name:	Conner McFarland, Manager of Correctional Operations	Date:	
Signature of DAFS Procurement Official:	DocuSigned by:  <small>BE7E88806EFD419...</small>		
Typed Name:	Sherri Brooker	Date:	8/20/2024