



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/Water Quality Management		
Department Contract Administrator or Grant Coordinator:	Pamela Parker		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,000	Advantage CT / RQS #:	06A 20220816*0496
CONTRACT	Proposed Start Date:	8/22/2022	Proposed End Date: 12/31/2023
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date: 8/22/2022
	Project End Date:		Grant End Date: 12/31/2023
Vendor/Provider/Grantee Name, City, State:	Town of Mount Desert, Mount Desert, Maine		
Brief Description of Goods/Services/Grant:	Provide pumpout service		

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 checked="" 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.

The purpose of this grant is to provide boat holding tank pumpout services to the boaters in the state of Maine. The Department is required to apply for grant funds to help pay for these pumpout systems and provide that grant money to marinas and boatyards pursuant to Public Law 1999, Chapter 655 and per state law 38 M.R.S.A §423-B. Further, this facility is required to install and maintain a pumpout system pursuant to this same section.

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

The vendor is uniquely suited to provide this service because they have the physical facilities appropriate to providing boat pumpout service. They have a waterfront location, easily accessible to local and transient boat traffic and provide other services attractive to boaters. Finally, as noted above, they are required to provide pumpout service pursuant to state law.

The state does not own or have legal access to the physical locations that would be appropriate for boat pumpout service, nor does it have the personnel to manage, staff or maintain this service.

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

The DEP encourages prospective grant recipients to negotiate with vendors in order to obtain the best system value, the cost of the pump systems is fairly uniform across the industry. License plumbers, electricians, and other contractor services are at the discretion of the vendor but because of the grant match requirement, the DEP has found that the costs are normally competitive.

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

There is little competition between actual grant recipients because most of them are required to provide pumpout service by statute and the DEP is also required to provide a grant.

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):	<i>David R. Madore for Melanie Loyzim</i>		
Typed Name:	David Madore for Melanie Loyzim	Date:	Sep 6, 2022
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Thomas Paquette</i>		
Typed Name:	<small>249502C7B71A49A...</small> Thomas Paquette	Date:	9/13/2022