



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DAFS - BGS	
Department Contract Administrator or Grant Coordinator:		Nick Ferrala	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 100,000	Advantage CT / RQS #:	MA 18P 200401-122
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	4/1/2020	Effective Date:
	Previous End Date:	8/31/2024	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		OCTAGON CLEANING AND RESTORATION, Windham ME	
Brief Description of Goods/Services/Grant:		Emergency Bio-Hazard Cleaning Services	

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 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 checked="" 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 State of Maine has the need for emergency bio-hazard clean-ups around the state with short notice. This contractor is a qualified bio-hazard cleaning company. They provided a procedure document for removing bio-hazard contaminants and their policy for working in spaces where confidentiality is required. They can provide the service to the entire state generally in less than two hours.

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

The Master Agreement is scheduled to end in four days and the RFP has not been posted. This extension will permit BGS time to post a RFP and execute a new Master Agreement.

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

The contractors' rates are consistent with the rates they have been charging since the inception of the Master Agreement.

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

A RFP will be posted and new Master Agreements will be awarded before this term expires.

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.


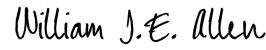
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  <small>2D3B27019FF1432...</small>		
Typed Name:	Elaine Clark, Deputy Commissioner	Date:	8/28/2024
Signature of DAFS Procurement Official:	DocuSigned by:  <small>2D5B6E39F57E44A...</small>		
Typed Name:	William J.E. Allen	Date:	9/6/2024

NOI 0920241025