



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:	DEP / Bureau of Water Quality / Division of Environmental Assessment		
Department Contract Administrator or Grant Coordinator:	Emily Zimmermann		
(If applicable) Department Reference #:	Coding accounts for purchase: 010 06A 1350 10		
Amount: (Contract/Amendment/Grant)	\$ 6,824.40	Advantage CT / RQS #:	06A 20240917*0432
CONTRACT	Proposed Start Date:		Proposed End Date:
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:	Eureka Water Probes / Austin, TX		
Brief Description of Goods/Services/Grant:	Water quality monitoring instrument		

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.

This request is for the purchase for one new continuous water quality monitoring instrument equipped to measure: DO, Turbidity, Depth, pH, Conductivity and Temperature. This instrument is necessary for our Division to accurately assess the attainment status of ambient water quality.

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

Our Division has a good deal of experience purchasing products from the selected vendor. This particular vendor's costs are significantly lower than other vendors of comparable equipment.

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

Our Division has sought estimates from other vendors. This vendor had significantly lower costs than others, and also provided an additional 6% discount from normal pricing.

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

We will continue to solicit vendors for the best value.

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):			
Typed Name:	Melanie Loyzim, Commissioner	Date:	Sep 18, 2024
Signature of DAFS Procurement Official:			
Typed Name:	Sherri Brooker	Date:	9/23/2024