



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:		Office of the Attorney General		
Department Contract Administrator or Grant Coordinator:		Mark Toulouse/Lindsey Chasteen		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ \$6,000.00	Advantage CT / RQS #:	CT 26A 20220615*3394	
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date:	6/30/2023
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:		Stericycle, Inc., 4010 Commercial Avenue, Northbrook, IL 60062		
Brief Description of Goods/Services/Grant:		Biological waste pickup and removal		

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.

In accordance with Maine statutes, state and national exposure control standards and laws, the Office of Chief Medical Examiner is required to discard our biological waste with a certified/licensed removal company.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

We are required to discard our biological waste with a certified/licensed removal company. In 2015, only this vendor responded to the bidding process.

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

Stericycle’s current rates are:

- Scheduled monthly pickup cost - \$1.05 per pound
- Emergency unscheduled pick up cost - \$1.05 per pound
- Minimum pick up fee - \$52.50
- No waste fee - \$52.50

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

If the Office of Chief Medical Examiner can identify any competition to this vendor, they will also be offered a chance to negotiate and provide this service. To date we are not aware of anyone meeting the qualifications and able to assist in this role. Due to global teleworking, the office did not reach out prior to this renewal, but will so do in the future.

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

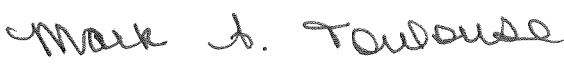

Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:	Mark A. Toulouse	Date:	6/15/2022
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	E5DB92AC0F8D490... Sue H. Garcia	Date:	10/27/2022