



## 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.*


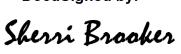
PART I: OVERVIEW				
Department Office/Division/Program:	DEP / Water Bureau / Div. of Environmental Assessment			
Department Contract Administrator or Grant Coordinator:	Robert Mohlar			
(If applicable) Department Reference #:	N/A			
Amount: (Contract/Amendment/Grant)	\$13,762.57	Advantage CT / RQS #:	06A 20240830*0305	
CONTRACT	Proposed Start Date:		Proposed End Date:	Click or tap to enter a 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 Texas		
Brief Description of Goods/Services/Grant:		Continuous Multi-sensor water quality monitoring probe		

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 probe is equipped to measure, DO, CDOM, Chlorophyll, Turbidity, Depth, pH, Conductivity and Temperature. This type of continuous monitoring instrument is necessary for our Division to accurately assess the water quality dynamics of the State's natural surface water resources.	
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 vendors 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.	
In addition to information provided in #2 above, this vendor also provided an additional 7% 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?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	Melanie Loyzim	Date:	Oct 1, 2024
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 2px;"> <small>DocuSigned by:</small>    <small>BE7E88805EFD419...</small> </div>		
Typed Name:	Sherri Brooker	Date:	10/2/2024

