



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 \$10,000 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:		Department of Agriculture, Conservation and Forestry	
Department Contract Administrator or Grant Coordinator:		Melissa Hamlin	
(If applicable) Department Reference #:			
Agency Department Code:	01A	Advantage CT / RQS #:	CT 01A 20250922000000000528
Amount: (Contract/Amendment/Grant)		\$ 352,503.00	
CONTRACT	Proposed/Original Start Date:	10/3/2025	Proposed/Most Recent End Date: 11/20/2025
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Archipelago Law, LLP, Portland, ME	
Brief Description of Goods/Services/Grant:		Escrow Funds for Real Estate Purchase with Closing Costs for Parcel in Unity, ME	

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. Higher Education Cooperative Project	<input checked="" type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	This contract is for the PFAS Fund to purchase a parcel of PFAS-impacted real property in Unity, ME. The amount includes the purchase price and closing costs, which the vendor will hold in escrow for distribution at/after closing.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.	Vendor is the escrow agent for these funds in order to carry out its duties as closing attorney pursuant to DOT contract # CTM20240228*452. DACF utilizes closing services through DOT as authorized by Maine’s Office of the Attorney General.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The real estate purchase price was established by appraisal in accordance with 01-001 C.M.R. ch. 405 §6 (2024); the closing costs are standard. Funds for this purchase are available through a financial order that allots Other Special Revenue funds dedicated to the Department of Agriculture, Conservation and Forestry’s Fund To Address PFAS Contamination to purchase agricultural land found to be contaminated by per- and polyfluoroalkyl substances (PFAS) according to the terms of 7 M.R.S.A. § 320-K(4)(D) and 01-001 C.M.R. c. 405. The funds will be used for the cost of the real estate and transaction and due diligence fees (e.g., legal services, appraisals, surveys, inspections, environmental consultants).
4. Describe the plan for future competition for the goods or services.	The purchase of real property by the PFAS Fund is specified in 7 M.R.S. § 320-K(4), pursuant to rules including acquisition criteria (01-001 C.M.R. ch. 405 (2024), and subject to program implementation procedures such as an advisory panel evaluation.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

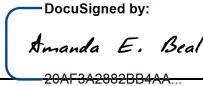
<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <a href="#">Title 5, §18</a> and <a href="#">§18-A</a>, in harmony with MRS <a href="#">Title 17, §3104</a>.</i>	
<input checked="" type="checkbox"/> The requesting department’s signatory affirms, understands, and acknowledges Maine’s Conflict of Interest statutes and, in accordance with those statutes and to the best of their	

knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

**PART VI: APPROVALS**

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Amanda E. Beal	Date:	10/3/2025
2. Additional signature required <b>ONLY if box E (Emergency) is selected in PART II</b> . The signature below indicates approval by the Department's Commissioner, or the <u>designee specifically authorized to approve emergency procurement requests</u> .			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:			
Typed Name:	Martha verhille	Date:	10/6/2025