



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 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:		Department of Education - Educ In The Unorg Territories	
Department Contract Administrator or Grant Coordinator:		Gary Lewis	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 6100.00	Advantage CT / RQS #:	05C20221028*1239
CONTRACT	Proposed Start Date:	11/2/2022	Proposed End Date: 11/4/2022
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:		Orkin Pest Control	
Brief Description of Goods/Services/Grant:		Bed Bug Remediation	

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 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.

Edmunds Consolidated School has an infestation of Bed Bugs. Extermination is needed to address/prevent the spread of bed bugs in the entire school. School will need to be closed for two days.

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

Orkin is the current provider for monthly pest control services and is familiar with the current need as well as the lay out of the school.

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

Orkin provided a quote for remediation for the entire school. As this is an emergency and time is of the essence the quote was deemed appropriate.

Funding is provided through EUT Education General Fund Dollars

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

Emergency situation, pest control is already provided by Orkin. If time allowed competitive bid process will be used.

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):

Pender Makin Commissioner

Typed Name:

Daniel Chuhta Deputy Commissioner
DOE Signed by: Pender Makin

Date:

11/1/2022

Signature of DAFS
Procurement Official:

Michelle D. Fournier

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Procurement Justification Form (PJF)

Typed Name:	Michelle D. Fournier	Date:	11/8/2022
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