

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/Maine CDC/HETL		
Department Contract Administrator or Grant Coordinator:		Chris Moiles		
(If applicable) Department Reference #:		CD0-21-54SA28		
Amount: (Contract/Amendment/Grant)	\$7,375.47	Advantage CT / RQS #:	Draft RQS 10A 20200929*367	
CONTRACT	Proposed Start Date:	7/30/20	Proposed End Date:	12/31/20
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:		CleanHarbors Environmental Services, Inc. Physical Office 1 Hill Avenue, Braintree, MA 02184; Remit To: P O Box 734867, Dallas, TX 75373-4867		
Brief Description of Goods/Services/Grant:		Removal of Hazardous Waste		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
The purpose of this agreement is to provide mandatory Hazardous Waste Disposal including BioMedical waste, from the DHHS Health & Environmental Testing Laboratory (HETL). Clean Harbor minimizes waste governed by RCRA regulations, reducing the waste stream at our laboratory through interpretation and providing guidance on

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PART III: SUPPLEMENTAL INFORMATION

waste management. The vendor conducts pick up of hazardous waste in large quantities of greater than 5 gallons, which is needed at our facility. The hazardous waste disposal ranges from PCBs to cyanides. This vendor assists in the recycling of chemicals such as Acetone, Formamide, Ketone, Chloride, Isopropyl Alcohol and Methyl Ethyl.

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

Clean Harbors was on a Master Agreement (MA 18P 15020200000000000154), however, per the Department of Administrative and Financial Services (DAFS), each department will be creating their own contract. Based the referenced MA, Clean Harbor was the sole New England vendor capable of providing this service, specifically the collection of BioMedical Waste, which is mandatory. The vendor was also chosen because they are located in Maine and able to provide a timely response should the lab require assistance in a chemical or BioMedical spill.

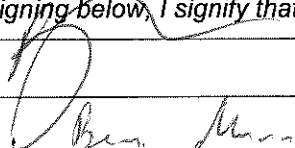
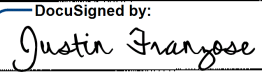
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

These rates are based on the old Master Agreement (MA 18P 15020200000000000154) and are the only rates for New England for hazardous waste disposal. This is for payment of an invoice (# 1003417368) for a pickup that has already taken place.

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

The department does not intend to RFP this service at this time. Based the previous master agreement in place for this service, Clean Harbor was the sole New England vendor capable of providing this service, specifically the collection of BioMedical Waste, which is mandatory. Moving forward, HETL will research the possibility of using other vendors able to provide this type of service.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	12/2/20
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	AEED9C7B3A8044E... Justin Franzose	Date:	12/29/2020