



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:		DHHS/Maine CDC/HETL		
Department Contract Administrator or Grant Coordinator:		Chris Moiles		
(If applicable) Department Reference #:		CD0-22-54SA23		
Amount: (Contract/Amendment/Grant)		\$ 14,552.30	Advantage CT / RQS #:	RQS 10A 2021120100000000606
CONTRACT	Proposed Start Date:	7/15/2021	Proposed End Date:	12/15/2021
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. Braintree, MA		
Brief Description of Goods/Services/Grant:		Removal of Chemical Hazardous Waste: Invoice # 1003858726 and invoice #1003937124		

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 agreement is for payment of two invoices for hazardous waste collection: invoice 1003858726 for a total of \$6,336.18 from 15 Jul 2021, and invoice 1003937124 for a total of 8,216.12 from 07 Oct 2021.

HETL is required to dispose of all waste associated with lab activities in full compliance with EPA regulations pertaining to proper management of hazardous and non-hazardous waste. The hazardous waste 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. Reference the RFP number, if applicable.

Clean Harbors was on a Master Agreement (MA 18P 1502020*154), however, per the Department of Administrative and Financial Services (DAFS), each department will be creating their own contract. Based on the referenced MA, Clean Harbors 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.

The rate for this service is consistent with the rates of previous collections of hazardous waste.

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

HETL is in the process of creating a service agreement for hazardous waste pick-up. Vendors are being researched at this time to determine the future for this service.

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

Does this request utilize ARPA/MJRP funds?

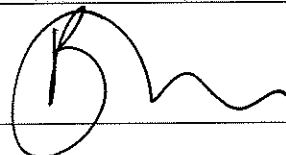
Yes – If Yes, please attach the approved Business Case(s).

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):



12/21/21

<p>Typed Name:</p>	<p>Click or tap here to enter text.</p>	<p>Date:</p>	<p>Click or tap to enter a date.</p>
<p>Signature of DAFS Procurement Official:</p>	<p>DocuSigned by: <i>Kathy Paquette</i></p>		
<p>Typed Name:</p>	<p>Click or tap here to enter text. Kathy Paquette</p>	<p>Date:</p>	<p>Click or tap to enter a date. 12/29/2021</p>