

**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		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Brianne Carrero		
(If applicable) Department Reference #:		CD0-24-1133		
Amount: (Contract/Amendment/Grant)	\$ 7,800.00	Advantage CT / RQS #:	CT 10A 20231003000000000987	
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date:	6/30/2024
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:		R J Goan and Associates Gorham, ME		
Brief Description of Goods/Services/Grant:		This agency has extensive DEA experience and will provide timely site-specific consultative services as it relates to access control, visitor management, system flaws, surveillance products, and the integration of resources for a specified location.		

PART II: JUSTIFICATION FOR VENDOR SELECTION

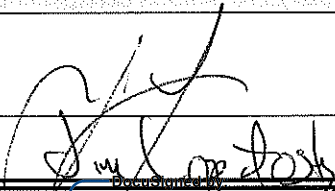

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

<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 assessment is to review for and prevent security infractions that may jeopardize Maine CDC Health and Environmental Testing Laboratory's ability to conduct state forensic testing. This agreement is for consultative services as it relates to access control, visitor management, surveillance products, and the integration of resources for this specific location.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Provider is a security risk management company specializing in site specific facility assessments, training services, and policy development. With a focus on security by environmental design, the provider is comprised of mitigation specialists, having extensive backgrounds within the areas of critical incident response, training solutions, security related technology, logistics, and operational planning. They have provided project oversight and management to government facilities, public and private schools, faith-based organizations, the healthcare industry, and commercial business groups for greater than twenty years. This provider has extensive DEA experience. After reaching out to three different agencies, this company provided a timely estimate on what it would cost to conduct Access Control, camera surveillance system, and facility Security risk assessment based on specified resources.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Two of the three companies provided estimates. This company provided a timely estimate and is \$10,000 less than TRC company. This will be a onetime invoice. The company will be provided payment after providing all required written reports and recommendations on areas to improve.
4. Describe the plan for future competition for the goods or services.	The Department does not intend to competitively bid this service. Requesting this be posted as a single source contract to limit access and information on the physical layout of the facility.

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):		Date:	17-Oct-23
Typed Name:			
Signature of DAFS Procurement Official:		Date:	12/6/2023
Typed Name:	Kathy Paquette		