



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 \$5,000 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:		DMR, Bureau of Public Health and Aquaculture, Lamoine	
Department Contract Administrator or Grant Coordinator:		David W. Miller/Amanda Webb	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ 7,168.00	Advantage CT / RQS #:	13A 2024121100000000848
CONTRACT	Proposed Start Date:	12/23/2024	Proposed End Date: 1/31/2025
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:		Solarmarine, INC- Brooksville, ME 04617	
Brief Description of Goods/Services/Grant:		Replace damaged back-up generator for lab building	

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 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.

The existing back-up generator for the DMR Water Quality and Biotoxin laboratory in Lamoine is broken beyond reasonable repair. If the power goes out at this facility during sub-freezing temperatures the pipes in the building can freeze and burst. Additionally, there is approximately \$1,000,000 + worth of highly technical laboratory equipment: 2- HPLC (high performance liquid chromatography) machines, incubators, Millipore water purification systems, sample storage units, etc that would be destroyed beyond repair should sub-freezing conditions occur within the laboratory building. This equipment is critical for maintaining the laboratory water quality and biotoxin tissue analyses necessary to maintain the National Shellfish Sanitation Program (NSSP) standards that permit interstate sale of shellfish products harvested from Maine coastal waters.

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

Solarmarine INC was the vendor selected because they were extremely responsive when the existing generator unit became damaged. They are a small local company (though not sole proprietor) close to the Lamone facility that can quickly provide a replacement unit at a reasonable price and subsequently can provide excellent service and maintenance as required. The original unit was purchased in 2015 from a vendor in central Maine (Mid-Maine Generator) and due to location service and repair was inadequate.

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

Compared to the original 2015 purchase cost for the original equipment generator (\$11,810.00, including transfer switch), this “same size” installed and tested replacement unit purchase nine years later for \$7,168.00 is reasonable, especially considering inflation of durable goods products. This coupled with exceptional local service availability and quick availability during our vulnerable freezing season makes this vendor selection efficient and sensible.

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

Since this unit has a 5-year warranty DMR does not anticipate a need for future competition for this product in the foreseeable future. Should a need arise for competitive goods and services DMR will evaluate the requirements as necessary with the DMR Finance group.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.



**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):	 <a href="#">Meredith Mendelson (Dec 11, 2024 14:05 EST)</a>		
Typed Name:	Meredith Mendelson, Deputy Commissioner	Date:	Dec 11, 2024
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <small>DocuSigned by:</small>    <small>EA813178102243C...</small> </div>		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	12/13/2024






# PJF- RQS 13A 20241211-0848

Final Audit Report

2024-12-11

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