



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:	Department of Labor – BLS – Workplace Safety and Health		
Department Contract Administrator or Grant Coordinator:	Steven Greeley		
(If applicable) Department Reference #:			
Agency Department Code:	12A	Advantage CT / RQS #:	CT12A20200206*2221
Amount: (Contract/Amendment/Grant)	\$11,000.00		
CONTRACT	Proposed/Original Start Date:	<b>3/1/2023</b>	Proposed/Most Recent End Date: 3/1/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Wilner-Greene Associates, Inc. 10 Forest Falls Dr., Unit 1A, Yarmouth, ME 04096 VC 10000097094		
Brief Description of Goods/Services/Grant:	Instrument Repair and Calibration		

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 checked="" 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 type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice

<input type="checkbox"/>	F. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization
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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 Maine Department of Labor’s Enforcement and SafetyWorks consultation services are necessary to protect the lives of Maine’s workforce. The Industrial Hygiene Equipment that they utilize for this purpose, per the State of Maine’s Statute Title 26 and Federal Grants 21(d) and 23(g), MUST be in good repair and have up to date calibrations. Repair, calibration, and necessary replacement, of Industrial Hygiene Equipment, in a timely manner, is imperative to the operation of our consultant’s duties and, to prevent Maine’s employers and their employees from exposure to hazardous situations. Wilner-Greene has been a critical asset in getting the department’s Industrial Hygiene Equipment repaired and recalibrated, and back in service with limited downtime.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

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

The Maine Department of Labor has compared Wilner-Greene’s pricing with that of other providers. Given the savings on repair and calibration, time, shipping, and with the discount pricing listed below, Wilner-Greene’s rates are fair and reasonable. Wilner-Greene has provided the following information:

“As part of our other State Open PO Contracts for repair and calibration of Industrial Hygiene Equipment, we offer a 10% NET Day, 5% NET 20 Day, and 2% NET 30 Day payment structure which we will certainly pass onward as part of our contract with the State of Maine.”

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

There are no other vendors capable of providing the necessary service, required by Safetyworks, at the same cost.

**PART III: SUPPLEMENTAL INFORMATION****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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.**PART VI: APPROVALS**

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting  
Department's Commissioner  
(or designee):

Typed Name:

Kimberly Smith

Date:

12/3/2025

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.Signature of requesting  
Department's Commissioner  
(or designee):

Typed Name:

Date:

**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Thomas Paquette</i> <small>249502C7B71A49A...</small>		
Typed Name:	Thomas Paquette	Date:	12/4/2025