



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 \$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 Corrections		
Department Contract Administrator or Grant Coordinator:		Melissa Gallace		
(If applicable) Department Reference #:				
Agency Department Code:	03A	Advantage CT / RQS #:	20251204*929	
Amount: (Contract/Amendment/Grant)		\$46,767.50		
CONTRACT	Proposed/Original Start Date:	11/18/2025	Proposed/Most Recent End Date:	11/20/2025
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:		Atlantic Recycling Equipment, LLC Rollinsford, NH		
Brief Description of Goods/Services/Grant:		Self-Contained compactor and chute		

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. Higher Education 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.

Maine State Prison's compactor, which is utilized by the kitchen, has deteriorated to the point that it can no longer be hauled. The compactor is an integral component of the prison's kitchen waste management operations. The kitchen prepares three meals a day for approximately 1,000 individuals, generating a significant amount of waste. A functioning compactor is essential for the full and proper operation of these waste management processes.

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.

The vendor has supplied a quote in a timely fashion.
We have contacted another company for a quote and were told we would have it in a week. We have reached out multiple times and had no response.

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

We attempted to get multiple quotes and were unable, due to the emergent need we will be moving forward. The compactor quote seems reasonable based on internet searches.

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

DOC will continue to follow procurement rules, as required. If other vendors become available who can provide this service, DOC will get quotes for services they offer, when appropriate.

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):	DocuSigned by:  FD522942914A4F8...		
Typed Name:	Conner McFarland	Date:	12/4/2025

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):	Signed by:  8E48CAE00CCD407...		
Typed Name:	Anthony Cantillo	Date:	12/4/2025

OSPS Section Only

Signature of DAFS Procurement Official:	Signed by:  0AA4C3C8A6C2460...		
Typed Name:	Michael Hartmann	Date:	12/17/2025