



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: | | Department of Administrative and Financial Services/Division of Procurement Services | | |
| Department Contract Administrator or Grant Coordinator: | | Justin Franzose | | |
| (If applicable) Department Reference #: | | | | |
| Amount: (Contract/Amendment/Grant) | | \$ See attached table | Advantage CT / RQS #: | See attached table |
| CONTRACT | Proposed Start Date: | 9/26/2024 | Proposed End Date: | 9/26/2025 |
| 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: | | Multiple – see attached table | | |
| Brief Description of Goods/Services/Grant: | | Pharmaceutical and Medical Hazardous Waste Disposal Services | | |

| 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 checked="" 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.

State of Maine agencies continue to require pharmaceutical and medical hazardous waste disposal services from willing and qualified vendors. Vendors who perform hazardous waste disposal services must meet the following qualifications:

- Must abide by all State of Maine laws.
- Must be able to perform a comprehensive, broad range of end-to-end hazardous waste management and disposal services.
- Must be able to perform hazardous waste disposal services at any location of any State of Maine agency, anywhere within the entire State of Maine.
- Must be able to perform hazardous waste disposal services for any State of Maine agency, including the Health and Environmental Testing Laboratory in Department of Health and Human Services (DHHS).
- Must be trained, must have certifications demonstrating a commitment to safety, and must perform hazardous waste disposal services safely.
- Must perform hazardous waste disposal services and related services for a wide variety of waste categories, including but not limited to bulk waste, drum waste, incineration waste, industrial wastewater, explosives, consumer products, medical waste, sharps, pharmaceutical waste, mercury devices, light bulbs, batteries, and other miscellaneous categories as needed.
- Other examples of services required include dangerous goods shipping, emergency spill response, industrial cleaning and maintenance, and recycling services.

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

The vendors included in this willing and qualified list are the only known vendors that meet the qualifications necessary to perform these services. The vendors meet or exceed the qualifications required to perform hazardous waste disposal services. The vendors have existing relationships with State of Maine and abide by all State of Maine laws while performing hazardous waste disposal services. The vendors are also located in State of Maine and can therefore perform timely services as needed.

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

The vendors will agree to hold all unit prices and discounts for a term of one year. The master agreement prices are fairer and more reasonable than what the State would pay by ordering these services on the open market, which would allow prices to fluctuate.

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

PART III: SUPPLEMENTAL INFORMATION

We will continue to research and explore all procurement methods available to us to achieve best value to the State of Maine in the procurement of hazardous waste disposal services. For example, we will research cooperative contracts available to State of Maine, consider a request for proposals, or perform a notice of intent to waive competitive bidding.

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):

DocuSigned by:
David Morris
2A644AF5681F482...

Typed Name:

David Morris

Date:

10/1/2024

Signature of DAFS
Procurement Official:

DocuSigned by:
Michelle Fournier
2939B60E4826405...

Typed Name:

Michelle Fournier

Date:

10/8/2024

| Vendor | City, State | Master Agreement # | Total Ordered Amount | Amendment Amount |
|---------------|--------------------|-------------------------------|----------------------|------------------|
| Clean Harbors | Norwell, MA | MA 18P 2204040000000000103 | \$ 237,106.58 | To be determined |
| Maine Labpack | South Portland, ME | MA 18P 2409040000000000027 | \$ - | To be determined |