

**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:		Environmental Protection/Technical Services	
Department Contract Administrator or Grant Coordinator:		Kelly Perkins	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$2,845,000	Advantage CT / RQS #:	CTMV #20240605*0026
CONTRACT	Proposed Start Date:	07/01/2024	Proposed End Date: 06/30/2026
AMENDMENT	Original Start Date:	07/01/2024	Effective Date: 07/01/2024
	Previous End Date:	06/30/2026	New End Date: 06/30/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:			
Brief Description of Goods/Services/Grant:		PQVL for Laboratory Analytical 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 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 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.

We are currently using a CMTV for the next round of laboratory contracts that began on July 1, 2024 and be valid through June 30, 2026 (and then two more renewal options). The current laboratory CTB expired. June 30, 2024. The purpose of this CMTV amendment is to establish a list of laboratories is to increase the amount by \$2,845,000. Originally, we were planning to create a separate CT with Pace Analytical, from this CTMV, however it will be more appropriate to add funds to the CTMV itself.

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

All laboratories that are Maine accredited for required analyses will be eligible to receive a contract under the CMTV. The list will be open and new labs will be added as laboratory services are needed.

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

All work over \$2500 will go through an RFB process with all labs included on the CMTV given the chance to bid on the work. Work will be awarded to the qualified laboratory with the lowest total cost. Work under \$2500 or on an emergency basis may be sent to any qualified laboratory on the CMTV.

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

All work over \$2500 will go through an RFB process with all labs included on the CMTV given the chance to bid on the work. Work will be awarded to the qualified laboratory with the lowest total cost. Work under \$2500 or on an emergency basis may be sent to any qualified laboratory on the CMTV.

### 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.


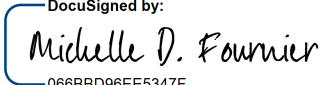
### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

☒ Yes, the requesting Department understands and acknowledges [MRS Title 5, §18-A, 2.](#)

## PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	David R. Madore for Melanie Loyzim	Date:	Sep 5, 2024
Signature of DAFS Procurement Official:			
Typed Name:	Michelle D. Fournier	Date:	10/21/2024