

**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:		DEP/Bureau of Land		
Department Contract Administrator or Grant Coordinator:		Sherrie Kelley		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 400,000.00	Advantage CT / RQS #:	CTMV #20240813*0005
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date:	10/1/2026
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:				
Brief Description of Goods/Services/Grant:		Contractors will perform reviews of environmental license applications, including identification of applicable requirements, assessment of proposed activities' compliance with those requirements, and drafting of Department decision documents with license conditions.		

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 checked="" 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
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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 Department is responsible for determining if certain activities comply with Maine environmental protection laws and rules, and for issuing licenses or permits that authorize activities subject to conditions specific to proposed activities. The volume of applications submitted to the Department for review exceeds the capacity of Department resources to review and issue decisions on applications within timeframes necessary to align with federal grants, loans, and other factors relevant to individual projects. The Department requires assistance from entities with sufficient expertise and experience to review environmental license applications, including identification of applicable requirements, assessment of proposed activities' compliance with those requirements, identification of any additional information needed from applicants, and to draft Department decision documents with license conditions for review and approval by Department staff.

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

Any vendor may be a part of our CTMV if they are qualified and would like to be added. All vendors will be eligible to receive a contract under the CMTV. The list will be open and new vendors will be added as the 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 \$5,000 will go through an RFB process with all vendors included on the CMTV given the chance to bid on the work. Work will be awarded to the qualified vendor with the lowest total cost. Work under \$5,000 or on an emergency basis may be sent to any qualified vendor on the CMTV.

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

All work over \$5,000 will go through an RFB process with all vendors included on the CMTV given the chance to bid on the work. Work will be awarded to the qualified vendor with the lowest total cost. Work under \$5,000 or on an emergency basis may be sent to any qualified vendor 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

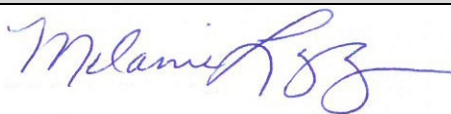
Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

☒ 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):



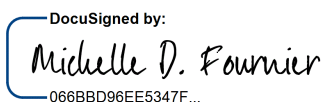
Typed Name:

Melanie Loyzim

Date:

9/30/2024

Signature of DAFS
Procurement Official:

DocuSigned by:

066BBD96EE5347F...

Typed Name:

Michelle D. Fournier

Date:

11/19/2024