



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:		Health & Human Services/Maine CDC/Environmental and Occupational Health Sarah Carey	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Nicole Mitchell	
(If applicable) Department Reference #:		CDM-24-5351A	
Amount: (Contract/Amendment/Grant)	Curr: \$546,272.00 Amd A: \$70,654.00 Revised: \$616,926.00	Advantage CT / RQS #:	CT 10A 20230519000000003297
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:
	Previous End Date:	6/30/2025	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Community Concepts, Inc Lewiston, Maine	
Brief Description of Goods/Services/Grant:		Lead Inspections	

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.

This amendment will increase the total contract value as the provider will have additional capacity to use the full amount.

22 MRS §§ 1319-C, 1320, and 1320-A give the Department authority to inspect dwellings, child-occupied facilities, and childcare facilities for lead hazards under certain circumstances, including when a lead poisoned child is identified or lead-based substances have been identified or are suspected. This agreement will provide services to the Department to execute this authority. The services to be procured are for environmental lead investigations to identify lead hazards in dwellings, child-occupied facilities, and childcare facilities. Information gathered from investigations is used to prevent child occupants from further lead exposure in accordance with the Department's statutory authority to order the removal of lead hazards identified during inspections (22 MRS §1321). Services under this agreement will be provided in the service area(s) indicated in the table below as well as other areas of the state on an as needed basis.

Area Number	Counties Served
Area 1	Androscoggin
Area 3	Cumberland
Area 4	Franklin and Oxford
Area 6	Kennebec and Somerset
Area 7	Knox, Lincoln, Sagadahoc and Waldo

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

Environmental Lead Inspections can only be performed by risk assessors licensed by the Maine Department of Environmental Protection. Any Providers who are willing and meet the requirement to be a licensed lead risk assessor in Maine may be offered a contract. This vendor meets the qualifications required to perform these services.

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

The agreement amount will be increased to reflect the provider's increased capacity to perform investigations.

The agreement amount is based on the projected number of cases of lead poisoning the Department expects to identify during the agreement period within the provider's service area. Costs per inspection type and location were established through a competitive request for proposals process in 2016 (RFP # 201604094) and re-negotiated with the vendor under this new contract. Costs are consistent with other vendors providing these services.

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

These services will be procured under the Willing and Qualified process.

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.

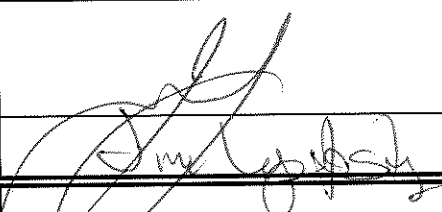

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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):		
Typed Name:		Date: 9-14-25
Signature of DAFS Procurement Official:		
Typed Name:		Date: