



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:		Health & Human Services/Maine CDC/Environmental and Occupational Health Program	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Jean Bingham	
(If applicable) Department Reference #:		CDM-24-5371B	
Agency Department Code:	10A	Advantage CT / RQS # :	CT 10 A 20230510000000003132
Amount: (Contract/Amendment/Grant		Amd B: \$16,880.26 Revised total \$150,179.26	
CONTRACT	Proposed/Original Start Date:	7/1/2023	Proposed/Most Recent End Date: 6/30/2025
AMENDMENT	New Effective Date:	2/15/2025	New End Date (if Applicable): N/A
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Clarity Property Services, LLC Lyman, ME	
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. 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.

This amendment will increase the total contract value to pay outstanding provider invoices. An amendment was recently processed to remove funds with the expectation that the provider would not have the capacity to use the full amount, however the provider completed more inspection than expected through FY25. Invoices are not submitted until final reports of the inspection are completed. Depending on the dwelling, additional units may require inspection and or soil tests may be part of the investigation. All of these factors then play into the timing of when an invoice is submitted. Combining the invoice process and the uptick in necessary investigations towards the end of SFY25, led to additional funds needed to pay the outstanding invoices.

22 MRS §§ 1319-C, 1320, and 1320-A give the Department authority to inspect dwellings, child-occupied facilities, and child care 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 child care 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). This agreement will also provide Department staff with trainings related to environmental lead investigations which will enable Department staff to better understand and coordinate investigation and enforcement activities and provide technical assistance to the families and property owners served by Department.

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 8	York

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

Environmental Lead Investigations can only be performed by risk assessors licensed by the Maine Department of Environmental Protection (DEP) and trainings related to environmental lead investigations can only be provided by entities certified by the Maine DEP or the U.S. EPA to provide those trainings. Any Providers who are willing and meet the requirement to be a licensed lead risk assessor in Maine and hold the proper State and federal certifications to be a training provider 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 pay outstanding invoices on the agreement that ended 6/30/25.

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 and the per student market rate for each training class. Costs per inspection type and location were established through a competitive

PART III: SUPPLEMENTAL INFORMATION

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 in Southern Maine.

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.

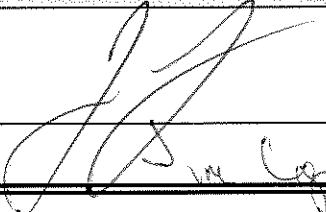
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:	<i>Jim Cagley</i>	Date: <i>20-Aug-25</i>

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):	
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Typed Name:		Date:	
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Signature of DAFS Procurement Official:	<div>DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...</div>		
Typed Name:	Kathy Paquette	Date:	8/28/2025