



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:	DHHS/OADS/Interpretation Services		
Department Contract Administrator or Grant Coordinator:	Althea Harris / Storm Dexter		
(If applicable) Department Reference #:	ADS-26-9841A		
Agency Department Code:	10A	Advantage CT / RQS #:	CT 20250509000ADS269841
Amount: (Contract/Amendment/Grant)	Amend: \$123,183.50 Revised: \$197,659.00		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 1/1/2026
AMENDMENT	New Effective Date:	7/1/2025	New End Date (if Applicable): 6/30/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Mary Jane Grant Sign Language Interpreting Services Sanford, Maine	
Brief Description of Goods/Services/Grant:		American Sign Language (ASL) interpretation recording services for a training video	

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 checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input 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.

The purpose of this contract is to provide ASL interpretation recording services for a previously recorded Direct Support Worker (DSW) training video. Provider will secure four (4) highly skilled interpreters, two (2) certified deaf interpreters and two (2) certified hearing interpreters, to provide this interpretation, as well as a videographer to record the interpretation. Provider will coordinate the work, book the studio, schedule and coordinate the interpreters, and communicate and provide updates to OADS during this project.

The purpose of this amendment is to add translation services for written training materials. The written materials requiring translation include 19 pages of glossary terms, 60 pages of instructional handouts, and 110 final examination questions. The volume of written content, particularly the handouts, is comparable in length to one of the longest instructional modules in the course. To date, approximately 5 hours of ASL interpretation have been filmed, with an estimated 4 additional hours remaining, including the translation of written materials. The purpose of this amendment is also to support the continued provision of ASL interpretation services by Mary Jane Grant in a manner that ensures full accessibility, instructional integrity, and compliance with applicable accessibility requirements.

The online curriculum consists of 39 lessons totaling approximately 9 hours of highly interactive training content. Under the original contract, interpreters completed translation of approximately half of the curriculum within the initially established two-week timeframe. As implementation progressed, it became clear that the scope and level of effort required to achieve a fully accessible and high-quality product exceeded the assumptions of the original agreement. This amendment reflects the additional time, resources, and expanded services required to complete the work to an acceptable standard.

Feedback from deaf community stakeholders, who are the intended end users of the curriculum, indicated that full interpretation and translation of the written curriculum materials are essential to maintain accuracy of content, instructional clarity, and compliance with accessibility standards. As a result, the scope of work has expanded to include the interpretation and translation of written materials, in addition to the remaining video-based training modules.

The additional services outlined in this amendment are necessary to ensure compliance with accessibility requirements, preserve the accuracy and consistency of instructional content, and provide equitable access to training for all participants.

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

Mary Jane Grant Sign Language Interpreting Services was chosen to provide interpretation services based on the quality of the product that they will be able to produce. Mary Jane Grant’s approach is intentionally designed to integrate ASL interpretation seamlessly within the existing highly interactive online curriculum, preserving consistency with the course’s instructional design and previously produced video content. The Department obtained a quote from another provider at

PART III: SUPPLEMENTAL INFORMATION

the beginning on this project, but that provider could not embed the videos in an accessible way, and their end product would not align with how the modules were created. Mary Jane Grant was able to meet the needs of the project.

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

Upon review of the proposal submitted by Mary Jane Grant, the costs for these services are fair and reasonable because the rates used align with those of the State's Master Agreement for ASL interpretation. The State of Maine Master Agreement with Mary Jane Grant provides services at \$75-\$85 per hour depending on the service provided; this agreement allows a daily rate of \$640-\$750 per day for the certified interpreters, plus expenses. The original proposal underestimated the time it would take to complete this project, thus the need for this amendment, but the rates for the additional work remains comparable to the original agreement.

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

The Department does not intend to RFP this one-time service.

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) or (026) – 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

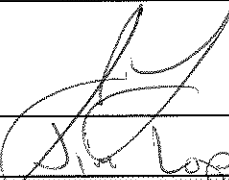
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee


1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Dan Logotorsky	Date:	12-Jan-26

2. Additional signature required **ONLY** if box **E (Emergency)** is selected in **PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAE44CD</small>		
Typed Name:	Kathy Paquette	Date:	1/20/2026