



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 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:		Telecommunications Relay Services Council		
Department Contract Administrator or Grant Coordinator:		Terry Morrell		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 136,000	Advantage CT / RQS #:	CT-95T-2024*2012
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/1/2023	Effective Date:	1/22/2024
	Previous End Date:	12/31/2024	New End Date:	12/31/2024
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		T-Mobile USA Inc. PO Box 742596 Cincinnati OH		
Brief Description of Goods/Services/Grant:		The vendor will provide telecommunications relay service and captioned telephone service that allow hearing people and people who are deaf, hard-of-hearing, or speech-impaired to communicate via the telecommunications system and as required by 35-A M.R.S. § 8701.		

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 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.

The services provided under CT-95T-2018*1557 agreement are ending with an effective end date of 9/30/23 and are moved under CT-95T-2024*2012 with an effective date of 10/1/23 as this previously vendor has been bought out by the above mentioned vendor.

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

This service will be going out for bid in 2024.

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

The costs for this amendment are just and reasonable and consistent with company's last renewal amendment dated December 7, 2022.

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

The TRS Council, which oversees relay services, is undergoing an organizational change. A new law, LD 1065, that will soon take effect on October 25, 2023, will provide the Council with an Executive Director. The new ED will provide stronger organizational leadership to better manage ongoing priorities such as RFPs for services and strengthening Council membership. This service will be going out for bid in 2024.

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: APPROVALS

The signatures below indicate approval of this procurement request.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Terry Morrell</i> 7D4B544971654C3...		
Typed Name:	Terry Morrell TRS POC	Date:	2/13/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Justin Franzose</i> AEED9C7B3A8044E...		
Typed Name:	Justin Franzose	Date:	2/14/2024