



### 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:                     |                      | DOL/BRS/DVR&DBVI   |                               |
| Department Contract Administrator or Grant Coordinator: |                      | Libby Stone-Sterling, Director DVR   |                               |
| (If applicable) Department Reference #:                 |                      |  |                               |
| Amount:<br>(Contract/Amendment/Grant)                   | \$ 66,574.72         | Advantage CT / RQS #:  | 20240108*1926                 |
| <b>CONTRACT</b>   | Proposed Start Date: | 1/1/2024   | Proposed End Date: 12/31/2024 |
| <b>AMENDMENT</b>  | Original Start Date: |  | Effective Date:               |
|   | Previous End Date:   |  | New End Date:                 |
| <b>GRANT</b>  | Project Start Date:  |  | Grant Start Date:             |
|   | Project End Date:    |  | Grant End Date:               |
| Vendor/Provider/Grantee Name, City, State:              |                      | Market Decisions, LLC<br>511 Congress Street Suite 801<br>Portland, ME 04101   |                               |
| Brief Description of Goods/Services/Grant:              |                      | Consumer satisfaction research and analysis of both the Division of Vocational Rehabilitation and Division for the Blind and Visually Impaired customers (as federally required) |                               |

| 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.

Both the Division of Vocational Rehabilitation and the Division for the Blind and Visually Impaired are required under federal law to complete a comprehensive statewide needs assessment (CSNA) every three years. As part of that assessment, a consumer satisfaction survey is conducted to better understand the needs and experiences of DVR/DBVI's clients. This survey gathers data from over 700 individuals with disabilities across the state and must be fully accessible.

At the completion of the survey, the data gathered is shared with both State Rehabilitation Council's (DVR-SRC and DBVI-SRC) and it forms the basis for both development of the statewide needs assessment as well as both Divisions' state plan.

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

Neither the Division of Vocational Rehabilitation (DVR) or the Division for the Blind and Visually Impaired (DBVI) have sufficient staffing, expertise, or the resources to conduct a survey at this scale. This vendor has previously conducted this satisfaction survey multiple times for DVR and has 20 years of DVR trend data for comparison. This vendor currently provides similar services to other state Vocational Rehabilitation agencies, including both blind and general, across the country, saving significant time in survey development and execution. Selection of the vendor allows for continuity of the process and most importantly data integrity in trend analysis over a twenty-year period, as well as informative comparison to peer agencies. The vendor also has the capacity to provide this survey in multiple formats in order to better reach and interact with people of varying accommodation needs. DVR/DBVI is not aware of any other State of Maine (SOM) entity that can provide the service more effectively or efficiently than the identified vendor.

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

Rates were negotiated between DVR/DBVI leadership and the vendor.

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

If in the future, DVR/DBVI becomes aware of another vendor(s) that can provide the very specific and targeted services sought, we will consider conducting a RFP for this service.

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

Does this request utilize ARPA/MJRP funds?

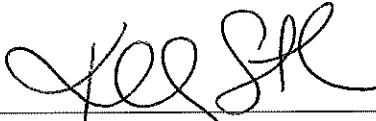
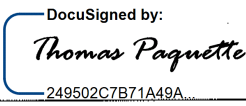
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – 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.

|  |   |       |           |
|--|---|-------|-----------|
| Signature of requesting Department's Commissioner (or designee): |  |       |           |
| Typed Name:  | (Laura Fortman), Commissioner   | Date: | 2/22/2024 |
| Signature of DAFS Procurement Official:                          |  |       |           |
| Typed Name:  | Thomas Paquette   | Date: | 2/23/2024 |