



### 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:		Department Health and Human Services / Commissioner Office	
Department Contract Administrator or Grant Coordinator:		Jim Lopatosky / Nicole Mitchell	
(If applicable) Department Reference #:		COM-24-2300B	
Agency Department Code:	10A	Advantage CT / RQS #:	20230707000000000033
Amount: (Contract/Amendment/Grant)		Amend B: \$21,600.00 Revised: \$64,800.00	
CONTRACT	Proposed/Original Start Date:	8/1/2023	Proposed/Most Recent End Date: 6/30/2025
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:		University of Maine System dba Professional Development Programs Portland, Maine	
Brief Description of Goods/Services/Grant:		Provide courses in Lean Six Sigma Green Belt Certification, Fall and Spring	

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 Department's intent is to promote the concepts of lean and sigma for process improvement and to promote efficient process creation. Participants will earn a Green Belt certification, which is an internationally recognized certification.

**The purpose of this amendment is to add funds and extend the contract to allow for two additional rounds of training.**

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.

This contract is with a learning institution providing an in-person certification course to Department staff. The course will be tailored to the Department through the selection of processes and projects that further our strategic objectives. The ability to obtain the green belt certification from this institution and in this setting is a unique opportunity that USM is making available.

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

The negotiated cost for the training is lower than the individual rate. The course will serve up to 20 participants. The individual rate through USM directly is \$1,819, or \$36,380 for 20 people. The negotiated rate is \$10,800 for a round of training, which 30% of the cost to send 20 staff individually. The Department considers these rates to be fair and reasonable.

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

The department does not intend to competitively procure these services in the future.

### 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):			
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Typed Name:		Date:	28-Jun-26
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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):			
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Typed Name:		Date:	
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**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
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Typed Name:	Kathy Paquette	Date:	2/3/2026
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