



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:		DHHS/OCFS/Business Services	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque Shawn Belanger	
(If applicable) Department Reference #:		CFS-23-8412	
Amount: (Contract/Amendment/Grant)	\$ 11,484.00	Advantage CT / RQS #:	RQS 10A 20230119000000000866
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date: 12/30/2022
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		HTH Engineering, Inc. Elfers, FL	
Brief Description of Goods/Services/Grant:		Digital Voice Recorders	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.

Equipment purchased is necessary for OCFS Child Welfare to fulfill its statutory requirements in the investigation of child abuse and neglect. [Maine Title 22, Chapter 1071, Subsection 4021](#) requires that, 'To the extent possible, the department shall audio record all planned questioning of and planned interviews with children.' It's also the practice of Child Welfare to ask adults if the recorder can be utilized during their interviews. Policy regarding use of recorders is contained within [OCFS Child and Family Services Manual, IV, D-2A](#).

Initially, OCFS purchased enough devices for each staff person, and only needed to occasionally purchase additional devices to replace those no longer usable. OCFS uses each device until it no longer works/reaches the end of its lifespan. In the case of turnover in a position, OCFS reissues a device. In 2022, as a result of L.D. 221 and L.D. 1995, OCFS was provided 31 new child protective services caseworker positions; this contributed to an urgent need for additional recorder units as well as replacement units purchased via Invoice #169836.

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

Vendor previously supplied the Department with digital recorders via a RFQ (2016). At the time of the most recent order, there was a limited inventory of Olympus DS-9000s in the United States; however, this vendor was able to secure the amount needed within a week and ship FedEx.

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

Vendor provides Department with a discounted rate and includes a two-year warranty, as well as preconfigures firmware on each device. Prices online range from \$450 to \$530+ each.

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

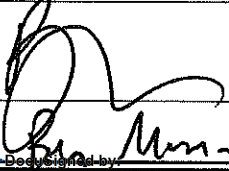
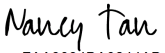
Going forward, any future purchases over \$5,000 will be competitively bid.

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

Does this request utilize ARPA/MJRP funds?

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

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:	<i>[Handwritten Name]</i>	Date:	2/16/23
Signature of DAFS Procurement Official:			
Typed Name:	Nancy Tan <small>7AA9094BA0244AB...</small> Deputy Director of IT Procurement	Date:	Mar-03-2023



HTH Engineering, Inc.
 P.O. Box 855
 Elfers, FL 34680
 +1 8662540714
 sales@startstop.com

VC0000109532
 RQS20230119*866
 010-10A-5132-01-5588 \$ 8,268.48
 014-10A-5132-01-5588 \$ 3,215.52
 Total: \$11,484.00

Trisha Canning 01/20/2023

INVOICE

BILL TO

Glenda Hamilton
 State of Maine
 2 Anthony Ave.
 Augusta, Maine 04330
 United States

SHIP TO

Glenda Hamilton
 State of Maine
 DHHS Office of Child and
 Family Services
 2 Anthony Avenue, 11 State
 House Station
 Augusta, Maine 04333-0011

INVOICE # 169836

DATE 10/25/2022

DUE DATE 11/24/2022

TERMS Net 30

SHIP DATE	SHIP VIA	ORDER TYPE	PROCESS/SHIPPED	CUSTOMER TEL #
11/03/2022	Ground	Joe	DM	207-624-7946

ACTIVITY	QTY	RATE	AMOUNT
#44400 Olympus DS-9000 Digital Voice Recorder with ODMS R7 Software. Includes 2 year warranty.	36	319.00	11,484.00T

Returns or exchanges require a valid RMA Number. Please call (866) 254-0714 (USA 48 states) or (727) 939-8853 to obtain your RMA Number. Special order items are not returnable. RMA Approval is in accordance with <http://www.startstop.com/order.asp>

SUBTOTAL	11,484.00
TAX (0)	0.00
TOTAL	11,484.00
BALANCE DUE	\$11,484.00