



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 Commissioner's Office		
Department Contract Administrator or Grant Coordinator:		Jim Lopatosky/Melinda Farrell		
(If applicable) Department Reference #:		COM-23-1002		
Amount: (Contract/Amendment/Grant)		\$ 80,500	Advantage CT / RQS #:	RQS10A 2023012400000000887
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date:	12/31/2022
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:		Berry Dunn Portland, ME		
Brief Description of Goods/Services/Grant:		Work related to LD 2001 stakeholder group and related steering committee for Maine Veterans' Homes.		

**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.

LD 2001 of the 130th Maine Legislature required the convening of a stakeholder group to develop a plan for the long-term viability and continuous operation of the Maine Veterans' Homes locations designated in the Maine Revised Statutes, Title 37-B, section 601. The stakeholder group was directed to seek input from veterans and their families, employees of the Maine Veterans' Homes and people in the communities served by the Maine Veterans' Homes. The Board of Trustees of the Maine Veterans' Homes was entrusted with this responsibility; they selected Berry Dunn to perform the consultation work.

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

Berry Dunn was selected by Maine Veterans' Homes Board of Trustees to perform the consulting work. DHHS committed to paying for part of the work.

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

The consulting fees charged for the project were in alignment with similar projects of size and scope engaged by the Department.

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

This was a one-time initiative to support the work of the committee. The Department does not intend to RFP for these services.

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

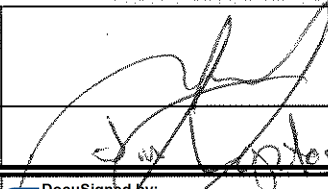
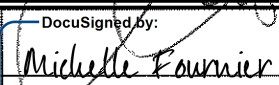
Does this request utilize ARPA/MJRP funds?

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:		Date: 30-Sep-23
Signature of DAFS Procurement Official:	DocuSigned by: 	
Typed Name:	Michelle Fournier	Date: 3/6/2023