



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:	Public Utilities Commission/Emergency Services Communication Bureau		
Department Contract Administrator or Grant Coordinator:	Harry Lanphear		
(If applicable) Department Reference #:			
Amount: (Contract/ Amendment /Grant)	\$ \$50,000	Advantage CT / RQS #:	20211014000000001018
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	10/18/2021	Effective Date:
	Previous End Date:	3/31/2023	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Mission Critical Partners 690 Gray's Woods Blvd, Port Matilda PA 16870		
Brief Description of Goods/Services/Grant:	Consulting services for implementation of 9-1-1 Crisis Protocols		

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 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.

Mission Critical has assisted with the development of the Crisis Response Policy for 9-1-1 interaction with 9-8-8. Ongoing work is needed on the deployment of the policy and expansion, or revision, of the policy.

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

The vendor was selected originally by RFP and has assisted the PUC/ESCB with development of the first Crisis Protocol Report followed most recently with the development of the Crisis Protocol Policy and training materials. They are uniquely positioned to provide support for the next phase of the project.

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

Work will be performed at established rates provided for in the current agreement.

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

An RFP may occur if more work is needed in subsequent years.

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:	Harry Lanphear	Date:	3/14/2023
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	3/20/2023