



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:		Maine Judicial Branch	
Department Contract Administrator or Grant Coordinator:		Barbara Cardone	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 41,400.00	Advantage CT / RQS #:	20230310*2309
CONTRACT	Proposed Start Date:	4/1/2023	Proposed End Date: 9/30/2023
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, McNeil & Parker, LLC 2211 Congress St Portland, ME 04102	
Brief Description of Goods/Services/Grant:		Establishing internal processes for Purchasing from DAFS Purchases and BGS	

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.	BerryDunn will assist the branch in reviewing and assisting to establish procedures in more efficiently getting contract information to DAFS Purchases and BGS, and procedures to monitor the flow of the requests.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	A former Director of DAFS Purchases works locally for BerryDunn and his expertise will be invaluable as we alter internal processes for Purchases and work to have fewer issues at DAFS.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Based on other professional services purchased, including from BerryDunn, the costs are fair and reasonable.
4. Describe the plan for future competition for the goods or services.	We expect this to be a one-time project.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):	DocuSigned by: Dennis Corliss 3/23/2023
Typed Name:	Dennis Corliss
Date:	
Signature of DAFS Procurement Official:	DocuSigned by: William J.E. Allen 3/24/2023
Typed Name:	William J.E. Allen
Date:	3/24/2023

