



## 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:	Department of Public Safety/Emergency Medical Services		
Department Contract Administrator or Grant Coordinator:	J. Sam Hurley		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$10,000	Advantage CT / RQS #:	20210628*3823
<b>CONTRACT</b>	Proposed Start Date:	<b>7/1/2022</b>	Proposed End Date: 6/30/2022
<b>AMENDMENT</b>	Original Start Date:	<b>7/1/2021</b>	Effective Date: 3/1/2022
	Previous End Date:	<b>6/30/2022</b>	New End Date: 6/30/2022
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Tri County EMS 300 Main St. Lewiston, ME 04333		
Brief Description of Goods/Services/Grant:	Create an introductory program on the fundamental principles of QA and QI and how having a QA/QI plan helps EMS services provide care and support to their staff and citizens		

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.

Create an introductory program on the fundamental principles of QA and QI and how having a QA/QI plan helps EMS services provide care and support to their staff and citizens.

Providing education on improving PCR report documentation to ensure and improve patient care, as well as protect and recognize EMS clinicians.

Providing a statewide standardized methodology and guidance document to educate services on how to provide structured feedback.

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

This is an amendment to an existing contract; we are just adding additional deliverables along with the compensation for them.

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

The costs work products and deliverables were discussed with the contractor simultaneously as a result of their work from existing deliverables defined in the current contract. It was agreed, that it would be an easy transition to move from the analysis to creation of a work product being that they did the background work for the course. It was agreed that each of the contractors would take an equal component of the \$30,000 that was available, resulting in an additional allotment of \$10,000 per regional contractor.

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

These regional contracts are put out for RFP annually.

**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):	<i>Michael Sauschuck</i>		
Typed Name:	Michael J. Sauschuck	Date:	4/07/2022
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Typed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	4/14/2022