



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*3822
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date: 6/30/2022
AMENDMENT	Original Start Date:	7/1/2022	Effective Date: 3/1/2022
	Previous End Date:	6/30/2022	New End Date: 6/30/2022
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Aroostook Emergency Medical Services 33 Edgemont Dr Presque Isle, ME 04769		
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.	<p>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.</p> <p>Providing education on improving PCR report documentation to ensure and improve patient care, as well as protect and recognize EMS clinicians.</p> <p>Providing a statewide standardized methodology and guidance document to educate services on how to provide structured feedback.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>This is an amendment to an existing contract; we are just adding additional deliverables along with the compensation for them.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>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.</p>
4. Describe the plan for future competition for the goods or services.	<p>These regional contracts are put out for RFP annually.</p>

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):	<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:	4/25/2022