



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:		Dept. of Public Safety; Bureau of EMS	
Department Contract Administrator or Grant Coordinator:		J. Sam Hurley	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 17,000	Advantage CT / RQS #:	RQS 20230228*1039
CONTRACT	Proposed Start Date:	1/1/2023	Proposed End Date: 12/31/2023
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:		Emory University; CARES Program; Atlanta, GA 30322	
Brief Description of Goods/Services/Grant:		Internet database subscription	

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 checked="" 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.

Cardiac Arrest Registry to Enhance Survival (CARES) is an online database/registry to aggregate data about out-of-hospital cardiac arrests across the United States. This tool can then be used to benchmark EMS clinicians, agencies, and states amongst themselves to assess quality in cardiopulmonary resuscitation. Following input of the data, the system generates assessment reports that speak to quality of resuscitative efforts and identifies opportunities for improvement in out-of-hospital cardiac arrest patients.

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

Emory University is the sole owner of the CARES program and there isn't another program like it at this time. Maine has participated previously with the CARES program; however, due to staffing, we were unable to support continued participation until now.

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

Emory University/CARES sets costs based on population of the entity entering the data. Maine's population qualifies it for the least expensive state-level participation plan.

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

Maine EMS does not foresee a competitive bidding process for this service in the immediate future as there are not competitors in the marketplace that offer the same services for data entry and benchmarking.

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


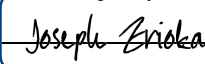
Does this request utilize ARPA/MJRP funds?

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):			
	Michael Sauschuck (Feb 28, 2023 11:28 EST)		
Typed Name:	Michael Sauschuck	Date:	Feb 28, 2023
Signature of DAFS Procurement Official:			
	DocuSigned by: Joseph Zrioka		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	4/19/2023






2023-02-28 CARES PJJ

Final Audit Report

2023-02-28

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