



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		
Department Contract Administrator or Grant Coordinator:	Harry Lanphear		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,750	Advantage CT / RQS #:	65A 20230427*2967
CONTRACT	Proposed Start Date:	9/1/2023	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:	National Emergency Number Association Alexandria, VA		
Brief Description of Goods/Services/Grant:	9-1-1 Supervisor Program Course		

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.	The Emergency Services Communication Bureau is responsible for the training of 9-1-1 call takers and supervisors. This is a 3-day course of instruction specifically designed for 9-1-1 by the National Emergency Number Association for communication supervisors.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The National Emergency Number Association (NENA) serves its members and the greater public safety community as the only professional organization solely focused on 9-1-1 policy, technology, operations, and education issues. NENA works with 9-1-1 professionals nationwide, public policy leaders, and public safety associations to develop and carry out critical programs to facilitate the creation of NG 9-1-1 system, and to establish industry leading standards and trainings.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	By buying out the class instead of NENA handling the registrations, we were able to save about \$2,000.
4. Describe the plan for future competition for the goods or services.	If there are opportunities in the future to bid similar commodities we will do so.

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):	
Typed Name:	Harry Lanphear
Date:	4/26/23
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...
Typed Name:	Kathy Paquette
Date:	4/28/2023