



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:		Maine State Police, Special Services Unit, CNT	
Department Contract Administrator or Grant Coordinator:		Lt Tyler Stevenson Starla Dorval	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 9,500.00	Advantage CT / RQS #:	RQS16A20240207*1145
CONTRACT	Proposed Start Date:	<b>12/4/2023</b>	Proposed End Date: 12/6/2023
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:		Public Agency Training Council	
Brief Description of Goods/Services/Grant:		3-Day Advanced Hostage Negotiation 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.

MSP CNT was approved to look for outside training to boost the team's knowledge and experience. We often develop our own training and saw the need to bring an advanced class to our team with relevant and recent topics (including dealing with the mentally ill, recent case review, legal issues, etc).

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

We were only approved for a 3-day and not the 5 day most offer. PATC (public agency training council) instructor agreed to curtail his course to a 3 day with relevant topics we chose. The instructor, Jack Cambria is also a vetted expert in the field of hostage negotiations and PATC is the only company he works for doing these types of courses. Other companies with this knowledge of training could provide this training but we would have to travel to the course making it more costly and/or adding additional days that were not approved.

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

PATC curtailed the cost to reflect the 3 Day course while still getting 5 days of training topics.

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

This was a onetime training. We continue to look for alternative trainings that are available.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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 21, 2024 15:09 EST)


Typed Name:

Michael Sauschuck

Date:

Feb 21, 2024

Signature of DAFS  
Procurement Official:

DocuSigned by:  
  
2D5B6E39F57E44A...

Typed Name:

William J.E. Allen

Date:

4/3/2024