



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OCFS/Early Care and Education	
Department Contract Administrator or Grant Coordinator:		Brianna Carrero	
(If applicable) Department Reference #:		ECE-25-1102	
Amount: (Contract/Amendment/Grant)	\$39,305.10	Advantage CT / RQS #:	RQS-10A-20250219000000001166
CONTRACT	Proposed Start Date:	11/1/2024	Proposed End Date: 11/30/2024
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:		Latin American Translators Network, Inc. dba LATN Atlanta, GA	
Brief Description of Goods/Services/Grant:		Expert language translation services supporting Maine's Child Care Affordability Program	

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 Department seeks to communicate effectively with the public. At times, this includes utilizing expert, specialized services to provide accurate, meaning-for-meaning translation of forms and related materials from English to another language.

The Maine Department of Health and Human Services (DHHS) is committed to providing services that are accessible to all eligible individuals, including linguistic and cultural minority groups with Limited English Proficiency (LEP) and individuals with disabilities that affect communication. The Department requires translation services to support language inclusion for the Application for Child Care Affordability Program Services, to ensure effective communication and access.

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

LATN has served the needs of local, state and national government entities for 22 years. They provide translation and interpreting and frequently assist in provision of equal access as mandated by the 1964 Civil Liberties Act and 1990 Americans with Disabilities Act. LATN can deliver language services (translation and interpreting) in 140 languages.

This vendor was selected as they were known through a State Master Agreement for written translation services. At the time the Vendor submitted the invoice (I-104427, \$39,305.10), the Department's Office of Child and Family Services' Business Services Team learned the Vendor's Master Agreement had expired, and LATN is not currently associated with a State Master Agreement for written translation services.

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

The rates are what were negotiated in the Master Agreement process. The costs are in line with those of the State's current Translation vendors, Cal Interpreting & Translations and IDEA Language Services LLC.

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

The Department will work with Vendors awarded through current Master Agreements for any service needs moving forward.

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.

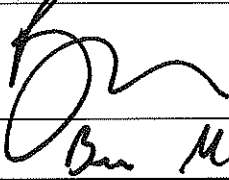
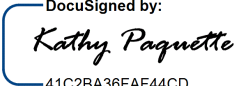
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Ben Mene	Date:	3/13/25
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	4/1/2025