



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 – Bureau of Highway Safety		
Department Contract Administrator or Grant Coordinator:	Jaime L. Pelotte		
(If applicable) Department Reference #:	SA23-002		
Amount: (Contract/Amendment/Grant)	\$ 64,500.00	Advantage CT / RQS #:	CT 16A 20230317000000002348
CONTRACT	Proposed Start Date:	3/1/2023	Proposed End Date: 9/30/2023
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:	AAA Northern New England 68 Marginal Way Portland, ME 04104		
Brief Description of Goods/Services/Grant:	Impaired Driving Summit - Driver Education Summit		

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 checked="" 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 checked="" 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.

SA23-002 AAA Northern New England and Bureau of Highway Safety Impaired Driving and Driver Education Summits:

As approved in the FFY2023 Highway Safety Plan, AAANNE shall organize and convene the annual Impaired Driving Summit, and the second annual Driver Educator Summit. Both of these one-day events provide important training, information and specific professional knowledge respectively to law enforcement, prosecutors and driver education instructors. The project period for these two separate events will be March 1, 2023 to September 30, 2023.

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

The proposed rate of pay for these services are reasonable and acceptable based on the scope of services proposed. The vendor was identified and approved by the National Highway Traffic Safety Administration (NHTSA) for federal funding approved in the FFY2023 Maine Highway Safety Plan.

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

The project period for this grant is March 1, 2023 to September 30, 2023. Maine Impaired Driving Summit and the Driver Education Summit were identified in the FFY2023 Maine Highway Safety Plan and approved by NHTSA for the FFY2023 federal fiscal year.

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

If vendor fails to meet the performance requirements the State would issue an RFP for future services.

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 J. Sauschuck		
Typed Name:	Michael J. Sauschuck	Date:	May 4, 2023
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA30FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	5/5/2023

Signature: 
[Michael Sauschuck \(May 4, 2023 09:39 EDT\)](#)

Email: michael.sauschuck@maine.gov






Procurement Justification Form (PJF).11.18.2021 (2)

Final Audit Report

2023-05-04

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