

State of Maine Procurement Justification Form

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OADS/APS	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Matt Galletta	
(If applicable) Department Reference #:		ADS-21-9999	
Amount: (Contract/Amendment/Grant)	\$11,136.50	Advantage CT / RQS #:	RQS 10A 20210510*1027
CONTRACT	Proposed Start Date:	6/8/2021	Proposed End Date: 6/30/2021
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:		Williams Sound Holdings II LLC dba Williams AV Eden Prairie, MN	
Brief Description of Goods/Services/Grant:		Pocketalker Ultra units	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
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 has received federal CRRSA (<i>Coronavirus Response and Relief Supplemental Appropriations</i>) grant funding from the Administration for Community Living (ACL) with Project and Budget Periods of 04-01-2021 to 09-30-2022.
A portion of the grant funding will be utilized to purchase sound amplification devices that Adult Protective Services (APS) may use to enhance the ability of APS caseworkers and clients to communicate effectively during conversations and meetings when they are physically distant from one another.

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

After researching various product options for assistive communication devices, OADS Program staff determined that the Pocketalker Ultra available from Williams AV would best meet the identified communication needs of APS clients.

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

The Department has negotiated a per-unit cost of \$116.70 that is lower than the advertised price of \$184.00 for these items.

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

The Department does not intend to competitively procure these services.

PART IV: APPROVALS

**Signature of requesting
Department's Commissioner
(or designee):**

By signing below, I signify that I approve of this procurement request.

Printed Name:

Ben Munn

Date:

6/14/21

**Signature of DAFS
Procurement Official:**

DocuSigned by:
Justin Franzose

Printed Name:

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Justin Franzose

Date:

6/15/2021