

**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 Safety - EMS	
Department Contract Administrator or Grant Coordinator:		Director Sam Hurley Joseph Wilson	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ 55,000.00	Advantage CT / RQS #:	CT-16A-20210628*3822
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2021	Effective Date:
	Previous End Date:	6/30/2022	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Aroostook Region 5 EMS Presque Isle, ME	
Brief Description of Goods/Services/Grant:		Provide and coordinate a regional quality assurance program for EMS	

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 checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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.	<p>The Department believes that robust quality assurance and improvement programs are necessary to maintain and improve the quality of the Maine EMS system. These programs are best instituted at the most local level and are far more effective when implemented within individual agencies and are associated with culture change supporting the activities. It is understood that a comprehensive system will likely include a variety of layers including local, regional, and statewide partners. Developing these systems is an important role of the Regional Coordinators to help support the continuous improvement of the Maine EMS system. An RFP was completed, and Aroostook Region 5 EMS was awarded this contract for the regions this organization covers.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>RFP -20210405 awarded</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>RFP - Awarded</p>
4. Describe the plan for future competition for the goods or services.	<p>This is a 3- year RFP. Future contracts will be subject to another RFP once this 3- year period has ended</p>

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):	<i>Michael Sauschuck</i>		
Typed Name:	Michael Sauschuck	Date:	Jun 22, 2022
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i> <small>41C2BA33FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	6/28/2022






Aroostook EMS PJF

Final Audit Report

2022-06-22

Created:	2022-06-22
By:	Joseph Wilson (joseph.wilson@maine.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAkEHx22yLg_YY1NnQHqX6g2oKnZLtv3Cz

"Aroostook EMS PJF" History

-  Document created by Joseph Wilson (joseph.wilson@maine.gov)
2022-06-22 - 1:22:49 PM GMT
-  Document emailed to Michael Sauschuck (michael.sauschuck@maine.gov) for signature
2022-06-22 - 1:23:25 PM GMT
-  Email viewed by Michael Sauschuck (michael.sauschuck@maine.gov)
2022-06-22 - 1:23:33 PM GMT
-  Document e-signed by Michael Sauschuck (michael.sauschuck@maine.gov)
Signature Date: 2022-06-22 - 1:44:13 PM GMT - Time Source: server
-  Agreement completed.
2022-06-22 - 1:44:13 PM GMT