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: O	VERVIEW				
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) \$ 219,56		0.00	Advantag #:	ge CT / RQS	CT-1	-16A-20210628*3816	
Proposed St	tart Date:			•	_		
AMENDMENT Original Start Date		7/1/2021		Effective Date:		7/1/2022	
Previous End Date:		6/30/2022		New End Date:		6/30/2023	
GRANT Project Start Date				Grant Start Date:			
Project End Date:				Grant End Date:			
Vendor/Provider/Grantee Name,		Atlantic Partners					
City, State:		Winslow ME					
Brief Description of Goods/Services/Grant:			Provide and coordinate a regional quality assurance program for EMS				
	Amount: dment/Grant) Proposed Si Original Si Previous E Project Si Project E rovider/Grante Ci Brief Desc	ontract Administrator or Grant Coordinator: Department Reference #: Amount: dment/Grant) Proposed Start Date: Original Start Date: Previous End Date: Project Start Date: Project End Date: rovider/Grantee Name, City, State: Brief Description of	ontract Administrator or Grant Coordinator: Department Reference #: Amount: \$219,560.00 Proposed Start Date: Original Start Date: Project Start Date: Project End Date: Provider/Grantee Name, City, State: Brief Description of Provide and of	Ontract Administrator or Grant Coordinator: Department Reference #: Amount: \$219,560.00 Proposed Start Date: Original Start Date: Original Start Date: Project Start Date: Project End Date: Project End Date: Original Provider/Grantee Name, City, State: Brief Description of Provide and coordinate	Intract Administrator or Grant Coordinator: Department Reference #: Amount: dment/Grant) Proposed Start Date: Original Start Date: Project Start Date: Project End Date: City, State: Ontract Administrator or Director Sam Hurley Joseph Wilson N/A Advantage CT / RQS #: Proposed Advantage CT / RQS #: Proposed Proposed Advantage CT / RQS #: Proposed #: Proposed Advantage CT / RQS #: Proposed Advantage CT / RQS #: Proposed #: Proposed Advantage CT / RQS #: Proposed #: Proposed Advantage CT / RQS #: Prop	Ontract Administrator or Grant Coordinator: Department Reference #: Amount: Seph Wilson Proposed Start Date: Original Start Date: Project Start Date: Project Start Date: Project End Date: Provider/Grantee Name, City, State: Brief Description of Director Sam Hurley Joseph Wilson N/A Advantage CT / RQS #: Proposed End Date: Proposed End Date: Grant Start Date: Grant Start Date: Grant Start Date: Grant End Date: Frovide and coordinate a regional quality ass	

PART II: JUSTIFICATION FOR VENDOR SELECTION								
Check the box below for the justification(s) that applies to this request. (Check all that apply.)								
	A. Competitive Process		G. Grant					
\boxtimes	B. Amendment		H. State Statute/Agency Directed					
	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					

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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 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 Atlantic Partners was awarded this contract for the regions this organization covers.

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

RFP -20210405 awarded

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

RFP - Awarded

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

This is a 3- year RFP. Future contracts will be subject to another RFP once this 3- year period has ended

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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.

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PART V: APPROVALS								
The signatures below indicate approval of this procurement request.								
Signature of requesting Department's Commissioner (or designee):	Michael Sauschuck							
Typed Name:	Michael Sauschuck	Date:	Jun 22, 2022					
Signature of DAFS Procurement Official:	DocuSigned by: Kathy Pagnette							
Typed Name:	41C2BA36FAF44CD Kathy Paquette	Date:	6/28/2022					

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Atlantic Partners PJF

Final Audit Report 2022-06-22

Created: 2022-06-22

By: Joseph Wilson (joseph.wilson@maine.gov)

Status: Signed

Transaction ID: CBJCHBCAABAA1MSKV0lumXPni3zjRNujO8kd3DgyXY1O

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Document e-signed by Michael Sauschuck (michael.sauschuck@maine.gov)
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