



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		
Department Contract Administrator or Grant Coordinator:	Lt. Col. Brain P. Scott Iris Rogers		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$40,000.00	Advantage CT / RQS #:	CT-16A-20230615*3693
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date: 6/30/2025
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:	Mark Holbrook PO Box 71, Palermo, ME 04354		
Brief Description of Goods/Services/Grant:	Fitness for Return to Duty and post -conditional psychological evaluations		

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 checked="" type="checkbox"/>	J. Willing and Qualified
<input checked="" 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.

Provide the required psychological evaluations for Maine State Troopers candidates, as well as provide psychological evaluations for existing State Police Officers that have been involved with a critical incident and require a psychological evaluation prior to reinstatement. Psychologists must be licensed and based in Maine and offering services at a Maine address. Psychologists must have experience dealing with law enforcement applicants and in evaluating and treating first responders and/or military personnel.

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

The Maine State Police is currently working with one vendor who has history treating law enforcement psychological health and evaluations. The goal is to maintain this vendor while we search for additional willing and able licensed mental health clinicians to establish a regional network of providers to provide these services statewide.

Mark Holbrook VC0000121674

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

Dr. Mark Holbrook has given a slight increase in his fees for the new contract. These rates are still very much in line with other providers for similar services.

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

We will continue to look for psychologists with this background that are based in the State of Maine to develop this network. It is optimum to have other providers located in all areas of the State.

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 Sauschuck (Jun 15, 2023 12:48 EDT)		
Typed Name:	Michael Sauschuck, Commissioner	Date:	
Signature of DAFS Procurement Official:			
	41C2BA36FAE44CD		
Typed Name:	Kathy Paquette	Date:	6/20/2023






PJF Dr. Mark Holbrook 061523

Final Audit Report

2023-06-15

Created:	2023-06-15
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