



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:		DOL/BRS/DVR		
Department Contract Administrator or Grant Coordinator:		Terry Morrell		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 427,000	Advantage CT / RQS #:	2024*2744
CONTRACT	Proposed Start Date:	7/1/2024	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:		Disability Rights Maine (DRM)., Augusta, ME		
Brief Description of Goods/Services/Grant:		Telecommunication Equipment Program (TEP)and the Civil Rights (CR) Program		

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 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.

The Telecommunication Equipment Program (TEP) must be provided by Maine statute (Title 26, Chapter 19, 1419-A) and there is a critical need for community resources to advocate for the rights of Deaf, hard-of-hearing and late-deafened persons in the areas of employment, education, legal aid, and health care social services finance housing and other personal assistance.

This would allow the management of the Civil Rights (CR) Program and the Telecommunications Equipment Program (TEP) for eligible deaf, hard-of-hearing, speech-impaired and all persons with disabilities in Maine. It would also serve as a clearinghouse for advocacy, information and State of Maine services for people who are Deaf or hard of hearing.

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

Disability Rights Maine (DRM) has extensive experience as an advocacy organization and provides the unique services required by having experience working with people who have hearing loss, knowing of needed equipment/resources, and being able to address issues of access.

When Maine Center on Deafness closed unexpectedly, DRM was the only agency at the time to provide these services. Due to the nature of what is being asked, in past RFPs, several agencies withdrew their bid. DRM was the only bidder for this contract during the last RFP 201602019.

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

The rate was set from previous years and based on what funds are available for the Civil Rights Program and the Telecommunications Equipment Program.

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

An RFP will likely be conducted for the 2025-2026 contract.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?



Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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):			
Typed Name:	Laura A. Fortman, Commissioner	Date:	6/5/2024
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	6/10/2024