



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 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:	Sean Keegan		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 44,800	Advantage CT / RQS #:	20250328*2261
CONTRACT	Proposed Start Date:	6/1/2025	Proposed End Date: 5/31/2026
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:	Transfr Inc		
Brief Description of Goods/Services/Grant:	The Provider will provide 6 headsets and Transfr Trek career exploration software for each device.		

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.	<p>Maine DVR has an obligation to expend 15% of Federal grant for the Delivery of Pre Employment Transition Services to youth 14-21. One of the 5 core services to be offered to students before graduation is Job Exploration Counseling.</p> <p>Transfr inc offers a way to demonstrate to students a variety well-paying careers in high-demand fields, facilitated by immersive, hands-on Virtual Reality training. The platform assisted with Engaging learners with career assessments and VR simulations that spark curiosity and let them explore careers based on their interests.</p> <p>Transfr Trek (name of software) has no limit on how many students we can enroll in each headset. Maine DVR plans to lease 6 headsets for this initial year.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>NA</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>There are no other entities offering career exploration activities in a virtual reality experience currently.</p> <p>With positive feedback provided by Wyoming DVR and after a demonstration provided by Transfr in Maine, the department believes we can implement the program effectively and increase access for students to career exploration activities in Maine.</p>
4. Describe the plan for future competition for the goods or services.	<p>If other entities begin to implement the same product we will solicit bids.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	



PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kimberly A. Smith, Deputy Commissioner	Date:	6/23/2025
Signature of DAFS Procurement Official:			
Typed Name:	Thomas Paquette	Date:	6/23/2025