DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over $10,000 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&DBVI			
Department Contract Administrator or Grant Coordinator:	Samantha Fenderson, Director DVR			
(If applicable) Department Reference #:				
Agency Department Code:	12A	Advantage CT / RQS #:	20260603*2887	
Amount: (Contract/Amendment/Grant)	$74,044.00			
CONTRACT	Proposed/Original Start Date:	**7/1/2026**	Proposed/Most Recent End Date:	6/30/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Market Decisions LLC 511 Congress Street Suite 801 Portland, Me 04101			
Brief Description of Goods/Services/Grant:	Consumer satisfaction research and analysis of both the Division of Vocational Rehabilitation and Division for the Blind and Visually Impaired customers (as federally required)			

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
☐	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. Higher Education Cooperative Project	☐	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.

Both the Division of Vocational Rehabilitation and the Division for the Blind and Visually Impaired are required under federal law to complete a comprehensive statewide needs assessment (CSNA) every three years. As part of that assessment, a consumer satisfaction survey is conducted to better understand the needs and experiences of DVR/DBVI's clients. This survey gathers data from over 700 individuals with disabilities across the state and must be fully accessible.

At the completion of the survey, the data gathered is shared with both State Rehabilitation Council's (DVR-SRC and DBVI-SRC) and it forms the basis for development of the statewide needs assessment as well as both Divisions' state plan.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Neither the Division of Vocational Rehabilitation (DVR) or the Division for the Blind and Visually Impaired (DBVI) have sufficient staffing, expertise, or the resources to conduct a survey at this scale. This vendor has previously conducted this satisfaction survey multiple times for DVR and has 20 years of DVR trend data for comparison. This vendor currently provides similar services to other state Vocational Rehabilitation agencies, including both blind and general, across the country, saving significant time in survey development and execution. Selection of the vendor allows for continuity of the process and most importantly data integrity in trend analysis over a twenty-year period, as well as informative comparison to peer agencies. The vendor also has the capacity to provide this survey in multiple formats to better reach and interact with people of varying accommodation needs. DVR/DBVI is not aware of any other State of Maine (SOM) entity that can provide the service more effectively or efficiently than the identified vendor.

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

Rates were negotiated between DVR/DBVI leadership and the vendor.

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

If in the future, DVR/DBVI becomes aware of other vendor(s) that can provide the very specific and targeted services sought, we will consider conducting an RFP for this service.

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) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

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

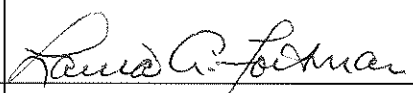
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Laura A. Fortman, Commissioner	Date:	6/18/2026

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: Thomas Paquette 249502C7B71A49A...		
Typed Name:	Thomas Paquette	Date:	6/22/2026