



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.

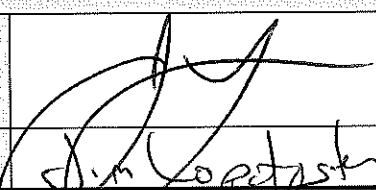
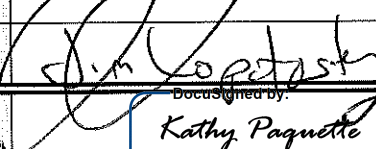
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OADS/APS/Ingrid Diamond		
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Jennifer Levesque		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 6,600.00	Advantage CT / RQS #:	CT 10A 2022060100000003148	
CONTRACT	Proposed Start Date:	07/01/22	Proposed End Date:	06/30/23
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:		TD Bank Portland, ME		
Brief Description of Goods/Services/Grant:		Banking services		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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>The Department serves as Public Guardian, Public Conservator or Representative Payee for approximately 1,300 persons. For people that have been determined by a medical professional to lack capacity to make decisions, a Probate Court Judge has appointed the Department of Health and Human Services to be the person's Public Guardian and/or Public Conservator. DHHS is also selected by the Social Security Administration to be Representative Payee for people that have been determined by SSA to require this appointment.</p> <p>Banking services are needed to support the Department in carrying out its fiduciary responsibility on behalf of these individuals. The Department does not have the resources to provide these services.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>TD Bank has extensive experience in providing these banking services on behalf of the individuals for whom the Department serves as Public Guardian, Conservator, or Representative Payee.</p> <p>Continued use of this vendor is desired. Use of a different vendor would entail closing and moving client accounts, changing each client's direct deposits for social security checks and other checks, changing EFTs, and ordering new checks.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The costs to the Department for the services provided have been consistent over multiple contract periods. They are also consistent with standard banking fees.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department does not intend to issue an RFP for these banking services.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> 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):		Date:	28 Jun - 22
Typed Name:	Jim Lopatasky		
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	7/18/2022