



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/DVR	
Department Contract Administrator or Grant Coordinator:		Samantha Fenderson	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 15,360.00	Advantage CT / RQS #:	2022*0050
CONTRACT	Proposed Start Date:	6/20/2022	Proposed End Date: 7/1/2022
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:		CYR BUS LINE VC1000044907	
Brief Description of Goods/Services/Grant:		Bus services needed for Southern and Northern college bus tour	

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 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 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.

Available and accessible bus company (CYR bus line) was hired to provide transportation services for northern and southern college bus tours for BRS clients.

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

The bus line was chosen due to the 2-week availability and accessibility of vehicles

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

Cyr bus provided a coach and driver for the two-week bus tour. The bus was accessible which was a requirement for participant on the bus tour. Other coach providers were contacted but not able to supply the bus for the time frame. Cost of the bus is in line for industry standards. The College Bus Tour costs will be evenly distributed among participants through Vocational Rehabilitation Pre-Employment Transition funds.

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

If the tour becomes an annual event the program administrator will connect with several bus companies to receive a quote and availability.

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):			
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Typed Name:	Laura A. Fortman, Commissioner	Date:	7/14/2022
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Signature of DAFS Procurement Official:	DocuSigned by: 		
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Typed Name:	William J.E. Allen	Date:	7/27/2022
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NOI 0720220734 07/27/2022 - 08/02/2022