



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

**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.*

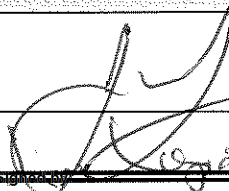
PART I: OVERVIEW				
Department Office/Division/Program:		Department Health and Human Services / Commissioner Office		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Stacy Martin		
(If applicable) Department Reference #:		COM-24-2300		
Amount: (Contract/Amendment/Grant)		<b>\$ 21,600.00</b>	Advantage CT / RQS #:	CT 10A 20230707000000000033
CONTRACT	Proposed Start Date:	<b>08/01/2023</b>	Proposed End Date:	<b>06/30/2024</b>
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:		University of Maine System dba Professional Development Programs Portland, Maine		
Brief Description of Goods/Services/Grant:		Provide courses in Lean Six Sigma Green Belt Certification, fall and spring		

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.	The Department's intent is to promote the concepts of lean and sigma for process improvement and to promote efficient process creation. Participants will earn a Green Belt certification, which is an internationally recognized certification.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This contract is with a learning institution providing an in-person certification course to Department staff. The course will be tailored to the Department through the selection of processes and projects that further our strategic objectives. The ability to obtain the green belt certification from this institution and in this setting is a unique opportunity that USM is making available.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The negotiated cost for the training is lower than the individual rate. The course will serve up to 20 participants. The individual rate through USM directly is \$1,380, or \$27,600 for 20 people. The negotiated rate is \$10,800 for a round of training. The Department considers these rates to be fair and reasonable
4. Describe the plan for future competition for the goods or services.	The department does not intend to competitively procure these services in the future

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 checked="" 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):			
Typed Name:	<i>K. Paquette</i>	Date:	<i>12-24-23</i>
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	7/24/2023