



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: | Court Services | | |
| Department Contract Administrator or Grant Coordinator: | Nickole Wesley, Communication Access Specialist | | |
| (If applicable) Department Reference #: | | | |
| Amount: (Contract/Amendment/Grant) | \$5,056.90 | Advantage CT / RQS #: | 20240605*1751 |
| CONTRACT | Proposed Start Date: | 04/22/2024 | Proposed End Date: 04/30/2024 |
| 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: | Christine Fattouche Bowie, MD | | |
| Brief Description of Goods/Services/Grant: | Arabic interpretation services | | |
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| 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 |

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| <input type="checkbox"/> F. University Cooperative Project | <input type="checkbox"/> L. Other Authorization |
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Please respond to ALL of the questions in the following sections.

| PART III: SUPPLEMENTAL INFORMATION |
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| <p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p> <p>The Maine Judicial Branch is required to provide interpreter services for individuals with limited English proficiency who are accessing the courts.</p> |
| <p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p> <p>This vendor had been previously assigned in two of the matters scheduled the week of April 22, 2024, and is familiar with the Maine court system.</p> |
| <p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p> <p>Click or tap here to enter text. The interpreter's rate is lower than other similarly qualified interpreters.</p> |
| <p>4. Describe the plan for future competition for the goods or services.</p> <p>The Communication Access Specialist will continue to research leads on other Arabic interpreters and also boost recruitment efforts for local Arabic interpreters.</p> |

| PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP) |
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| <p>Does this request utilize ARPA/MJRP funds?</p> |
| <p><input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).</p> |
| <p><input checked="" type="checkbox"/> No – If No, proceed to Part V.</p> |

| PART V: APPROVALS | | | |
|--|---|-----------------|--|
| <p>The signatures below indicate approval of this procurement request.</p> | | | |
| <p>Signature of requesting Department's Commissioner (or designee):</p> | <p>DocuSigned by: <i>Connor Smith</i> <small>755F068F9C634D0</small></p> | <p>6/6/2024</p> | |
| <p>Typed Name:</p> | <p>Connor Smith</p> | <p>Date:</p> | |
| <p>Signature of DAFS Procurement Official:</p> | <p>DocuSigned by: <i>Michael McNeil</i> <small>7008796FB36A449...</small></p> | | |

| | | | |
|-------------|----------------|-------|-----------|
| Typed Name: | Michael McNeil | Date: | 7/30/2024 |
|-------------|----------------|-------|-----------|

NOI 0720240855