



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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/DVR/DDHHLD	
Department Contract Administrator or Grant Coordinator:			
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$31,000	Advantage CT / RQS #:	20250514*2702
CONTRACT	Proposed Start Date:	9/1/2025	Proposed End Date: 3/31/2026
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:		Innivee Strategies, Inc.	
Brief Description of Goods/Services/Grant:		Innivee would provide consultation and help with the Commission for Deaf Hard of Hearing and Late Deafened 5 year plan.	

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
<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 Commission for Deaf Hard of Hearing and Late Deafened which is housed under the Division for the Deaf, Hard of Hearing and Late Deafened has a Five-Year Plan that needs to be restructured and updated. <https://legislature.maine.gov/legis/statutes/26/title26sec1413-B.html>  
<https://legislature.maine.gov/legis/statutes/26/title26sec1413-D.html>

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

At this time, this is the only company that we are aware that provides consultation to Deaf and hard-of-hearing agencies and others. They have qualified Deaf and hard-of-hearing staff to provide this service. They have also worked with the Maine Department of Health and Human Services and Maine Educational Center for the Deaf and Hard of Hearing.

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

Their proposal seems to be fair and they offered two different tiers of service and we chose to go with the lower cost one.

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

At this time, we do not see a plan for future competition on this.

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

☒ No – If No, proceed to Part V.


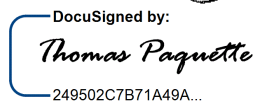
### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

*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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kimberly Smith, Deputy Commisioner	Date:	7/7/2025
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>249502C7B71A49A...</small>		
Typed Name:	Thomas Paquette	Date:	7/9/2025