



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:		DHHS/OADS/APS		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Brienne Carrero		
(If applicable) Department Reference #:		ADM-24-9500		
Amount: (Contract/Amendment/Grant)	\$ 6,600.00	Advantage CT / RQS #:	CT 10A 2023032200000002406	
CONTRACT	Proposed Start Date:	07/01/2023	Proposed End Date:	06/30/2024
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:		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.

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.

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.

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

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.

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. A change in vendor would also require significant Information Technology changes as TD Bank information directly links to MAPSIS, which would likely involve a significant to-be-determined cost.

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

The costs to the Department for the services provided have been consistent over multiple contract periods. They are also consistent with standard banking fees.

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

The Department does not intend to issue an RFP for these banking services.

### 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):			
Typed Name:		Date:	8-Jun-23
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	891CE7A1493D45B... Martha verhille	Date:	8/3/2023