



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:		Judicial Marshal Office	
Department Contract Administrator or Grant Coordinator:		Ted Ross	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 450	Advantage CT / RQS #:	20230801*0196
CONTRACT	Proposed Start Date:	6/20/2023	Proposed End Date: 6/20/2023
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:		RJ Goan and Associates, 7 Estate Drive, Gorham, Maine 04038	
Brief Description of Goods/Services/Grant:		Polygraph Examinations for new prospective hires within the Judicial Marshal Office	

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.

RJ Goan Assoc. provides polygraph examination(s) as part of the hiring process for new prospective hires as Marshals due to being a sworn law enforcement position. Exams are also given for those civilian employees who work as court attendants under the Marshal Office.

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

This vendor provides the Marshal Office a service by conducting polygraph examinations for positions throughout the State. The company has been used by the Marshal Office for the last 3+ years, subsequent to the decision being made to require polygraph examinations as part of the selection and hiring process, The invoice is attached to this PJF.

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

The Marshal Office is invoiced at 450.00 per examination. The rate is fair and reasonable due to industry standards for the work performed. This request of 450 was for cost(s) exceeding 5,000.00 for the fiscal year requiring the PJF being completed and are for the most recent tests initiated (Sudsbury candidate).

Total for the Fiscal Year \$5,275.00

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

With competition limited to specific vendors the Marshal Office will continue to maintain awareness of future options. It is unknown at this time what viable vendors will be available in the future.

[Click or tap here to enter text.](#)

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

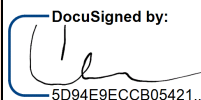
Yes – If Yes, please attach the approved Business Case(s).

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):

DocuSigned by:

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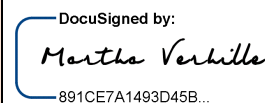
8/1/2023

Typed Name:

Amy Quinlan

Date:

Signature of DAFS
Procurement Official:

DocuSigned by:

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Procurement Justification Form (PJF)

Typed Name:	Martha verhille	Date:	8/21/2023
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