



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.		Office of the Attorney General/Office of the Chief Medical Examiner	
Department Contract Administrator or Grant Coordinator:		Summer Carter/Lindsey Chasteen	
(If applicable) Department Reference #:			
Amount. (Contract/Amendment/Grant)	\$160,000 00	Advantage CT / RQS #:	CT 26A 20240730*0198
CONTRACT	Proposed Start Date:	8/1/2024	Proposed End Date: 6/30/2025
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.		Anna Tart 709 Eleanor Street Kalamazoo, MI 49007	
Brief Description of Goods/Services/Grant:		Postmortem examination/autopsy services	

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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 Office of Chief Medical Examiner has two full time forensic pathologists. They conduct autopsies and complete associated paperwork. This vendor will provide much needed relief to the full time staff by conducting autopsies and completing paperwork, allowing the full time staff to allot time to their assigned cases. This coverage will prevent a backlog of casework.

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

This vendor has worked with the Maine OCME previously. She is familiar with Maine's standards and expectations of work. This is a formal continuation of services that began in January 2024.

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

Rates are the established standard for Maine locum work at the OCME. This has been the rate for many years based on what incentive is acceptable to attract forensic pathologists. The overall cost was calculated based on current operational need and the anticipated operational need in calendar year 2025.

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

Future competition is limited due to the low number of certified forensic pathologists in the country. Competition is open to anyone interested in doing locum work, who is a certified forensic pathologist

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:	Summer Carter	Date:	
Signature of DAFS Procurement Official:			
Typed Name:	Sue H. Garcia	Date:	8/5/2024