



## 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:	IFW – Bureau of Warden Service		
Department Contract Administrator or Grant Coordinator:	Cynthia Rego		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 5610.00	Advantage CT / RQS #:	CT20240731*0145
<b>CONTRACT</b>	Proposed Start Date:	<b>7/1/2023</b>	Proposed End Date: 6/30/2024
<b>The AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Eastern Maine Medical Center		
Brief Description of Goods/Services/Grant:	Medical Evaluations for Game Warden Candidates		

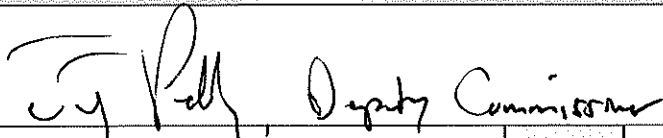
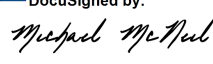
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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 Maine Warden Service is required to satisfy the requirement of medical evaluations on Game Warden candidates prior to them entering the mandated basic law enforcement training at MCJA. This RQS was originally started from a previous employee who has since retired. Therefore this is being submitted after the fact.	
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
This is a mandatory hiring requirement for all state law enforcement officers. Northeast Cardiology specializes in law enforcement medical evaluations and has provided this service to MWS since the MCJA requirement was established.	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
Standard fee of \$500.00 per evaluation.	
4. Describe the plan for future competition for the goods or services.	
We are open to using any practice that specializes in medical evaluations for law enforcement employment, and have experience in doing so within the timeframes needed by this agency.	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <a href="#">Title 5, §18</a> and <a href="#">§18-A</a>, in harmony with MRS <a href="#">Title 17, §3104</a>.</i>	
<input type="checkbox"/> 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:	Timothy Peabody	Date:	8/5/2024
Signature of DAFS Procurement Official:	DocuSigned by:  7008796FB36A449...		
Typed Name:	Michael McNeil	Date:	8/6/2024

NOI 0820240890