



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: | Public Utilities Commission/ESCB | | |
| Department Contract Administrator or Grant Coordinator: | Maria Jacques | | |
| (If applicable) Department Reference #: | | | |
| Amount: (Contract/Amendment/Grant) | \$490,050.00 | Advantage CT / RQS #: | 20081202000000003482 |
| CONTRACT | Proposed Start Date: | | Proposed End Date: |
| AMENDMENT | Original Start Date: | 11/24/2008 | Effective Date: |
| | Previous End Date: | 11/25/2025 | New End Date: |
| GRANT | Project Start Date: | | Grant Start Date: |
| | Project End Date: | | Grant End Date: |
| Vendor/Provider/Grantee Name, City, State: | Priority Dispatch Group 110 S Regent St., Suite 500, Salt Lake City, UT | | |
| Brief Description of Goods/Services/Grant: | Provides EMD and EFD protocols and related training, software and products for 911 Dispatchers | | |

| 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 checked="" 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 | |
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| 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I. | 2023 Public Law 609 requires the Public Utilities Commission to contract with a vendor to perform quality performance review services for Emergency Medical Dispatch Protocols and Emergency Fire Dispatch Protocols if Public Safety Answering Point requests it. We have surveyed PSAPs for their interest in FY 2025 and this amendment reflects services requested. |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable. | These protocols products are propriety and review services are only available through this vendor that was selected as part of an RFP process. |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. | We did negotiate a \$3.00 per call discount on Quality Performance Review services. |
| 4. Describe the plan for future competition for the goods or services. | When the contract ends, an RFP will be considered. |

| 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 Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.</i> | |
| <input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes. | |

| PART VI: APPROVALS | |
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| The signatures below indicate approval of this procurement request. | | | |
|---|---|-------|----------|
| Signature of requesting Department's Commissioner (or designee): |  | | |
| Typed Name: | Amy Dumeny | Date: | 7/25/24 |
| Signature of DAFS Procurement Official: | Handwritten signature of Joseph Zrioka | | |
| Typed Name: | Joseph Zrioka Director of IT Procurement | Date: | 8/5/2024 |