



### 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:		OCFS/Operations/Business Services		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Brianne Carrero		
(If applicable) Department Reference #:		CFS-24-8413		
Amount: (Contract/Amendment/Grant)		\$ 18,375.00	Advantage CT / RQS #:	RQS 10A 20240129000000001067
CONTRACT	Proposed Start Date:	11/2/2023	Proposed End Date:	11/23/2023
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:		Spurwink Services Inc. Portland, ME		
Brief Description of Goods/Services/Grant:		Conference Registration Fees		

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 checked="" 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.


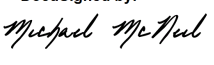
<b>PART III: SUPPLEMENTAL INFORMATION</b>	
<b>1.</b>	Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
	The goal of the Spurwink Child Abuse Prevention (CAP) conference is to provide multi-disciplinary training to increase professional skills and knowledge to professionals who are involved in child abuse prevention, recognition, evaluation, reporting, investigation, prosecution, treatment, and all forms of child maltreatment.  Relevant, timely training is critical for child welfare staff to ensure safety and well-being of Maine's children. The Maine Child Welfare Ombudsman's Annual report recommended that training for staff and supervisors be aligned with national best practices. Attending the Spurwink conference provides staff with access to the most up-to-date training. In addition, continuing education is required for child welfare staff to maintain licensure required for their positions.
<b>2.</b>	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	This conference is presented by Spurwink Services, Inc., and the only one of its kind within the State of Maine.
<b>3.</b>	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	Spurwink sets the conference rates, based upon costs of facility, speakers/trainers, etc. We receive a pro-rated rate; in the event a staff member cannot attend both days of the conference.
<b>4.</b>	Describe the plan for future competition for the goods or services.
	The conference is organized, hosted, and presented by Spurwink Services, Inc.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
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.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<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**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Ben Mann	Date:	8/6/24
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Michael McNeil	Date:	8/27/2024

NOI 0820240972