

**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:		Labor, Bureau of Unemployment Compensation	
Department Contract Administrator or Grant Coordinator:		Sara Watson	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 18,118.80	Advantage CT / RQS #:	RQS 12A 20240722*0107
CONTRACT	Proposed Start Date:	8/1/2024	Proposed End Date: 7/31/2025
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:		Association of Certified Fraud Examiners Austin, TX	
Brief Description of Goods/Services/Grant:		Provides access to continuing education and resources to improve the ability of investigators to prevent and detect fraud	

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.

CFE accreditation provides access to continuing education and resources to improve the ability of investigators to prevent and detect fraud. ID theft fraud especially is still a relatively new field for our staff, who traditionally spent the majority of their time on more traditional benefits fraud cases.

CFEs are trained professionals who possess a unique set of diverse skills in preventing, detecting and investigating fraud. Skills such as:

- Knowledge of complex financial transactions
- Understanding of investigative techniques and legal issues
- The ability to resolve allegations of fraud
- Designing effective anti-fraud programs

As a CFE, staff will have access to world-class anti-fraud training and resources through the Association of Certified Fraud Examiners (ACFE). This enables them to build and maintain their expertise and stay informed about the latest trends and best practices.

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

The Association for Certified Fraud Examiners is the governing body for Certified Fraud Examiners, similar to the Association of Government Accountants is the governing body for Certified Government Financial Managers.

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

The costs have been reduced from standard rates as part of the ACFE's Law Enforcement/Government Agency (LEGA) Program. The funding will pay for both the training materials and the cost of taking the CFE Exams.

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

As the ACFE LEGA program is the governing body for Certified Fraud Examiners, future goods or services would also be through ACFE.

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 checked="" type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
<input type="checkbox"/> 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:	Kimberly Smith	Date:	7/31/2024
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>AEED9C7B3A8044E...</small>		
Typed Name:	Justin Franzose	Date:	8/29/2024