



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
 STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Bureau of Veterans' Services	
Department Contract Administrator or Grant Coordinator:		Tracy E. Wheelden Contract/Grant Manager	
(If applicable) Department Reference #:			
Agency Department Code:	15A	Advantage CT / RQS # :	20250804*00172
Amount: (Contract/Amendment/Grant)	\$15,000.00		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Disabled American Veterans, Augusta, Maine	
Brief Description of Goods/Services/Grant:		Transportation Services for Veterans	

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 checked="" 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. Higher Education 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.	Public Law Chapter 128, signed into law on May 24, 2013, established the Coordinated Veterans Assistance Fund within the Bureau of Maine Veterans' Services. This fund was established to receive two percent of net table game income for the purpose of providing financial assistance to veterans' services organizations. Fifteen thousand dollars of these funds is designated to be given annually to a veteran's service organization that has maintained, for the previous five consecutive years, a program of providing transportation to veterans receiving medical services at the Veterans Administration Hospital at Togus or outreach centers of the veterans' hospital.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.	Currently, only one veterans' service organization provides a transportation network for veterans receiving medical services through the Veterans Administration. Disabled American Veterans has provided this service for the previous five consecutive years.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Public Law 128 designates that \$15,000 be provided to a veterans' service organization to fund the transportation of Maine veterans. This amount is not negotiable for any recipient of these funds. This amount is reasonable and supports costs such as fuel and equipment.
4. Describe the plan for future competition for the goods or services.	Currently, only one veterans' service organization provides a transportation network for veterans receiving medical services through the Veterans Administration. If there is competition for this service in the future, the Bureau would reevaluate which organization(s) to distribute funds to.

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.	

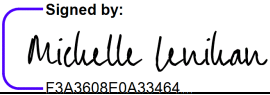
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):	Signed by:  <small>E3A3608F0A33464</small>		
Typed Name:	Michelle Lenihan, Deputy Commissioner, DVEM	Date:	8/6/2025

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	Signed by: Sterling Doiron <small>4C537C52B586437...</small>		
Typed Name:	Sterling Doiron	Date:	8/8/2025

Certificate Of Completion

Envelope Id: 541349FF-4B87-45DE-A0AD-9FD621A5E755
 Subject: Complete with Docusign: PJF for CT 20250804-0172 CVAf for DAV.docx.pdf
 Lease #:
 Project Number:
 Contract Number:
 RFP Number:
 Source Envelope:
 Document Pages: 3
 Certificate Pages: 1
 AutoNav: Enabled
 Envelopeld Stamping: Enabled
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed
 Envelope Originator:
 Sterling Doiron
 77 State House Station
 111 Sewall Street
 Augusta, ME 04333
 Sterling.Doiron@maine.gov
 IP Address: 71.169.188.88

Record Tracking

Status: Original
 08/08/2025 | 08:26
 Holder: Sterling Doiron
 Sterling.Doiron@maine.gov
 Location: DocuSign

Signer Events

Sterling Doiron
 sterling.doiron@maine.gov
 Security Level: Email, Account Authentication
 (None)

Signature

Signed by:
Sterling Doiron
4C537C52B586437...
 Signature Adoption: Pre-selected Style
 Using IP Address: 71.169.188.88

Timestamp

Sent: 08/08/2025 | 08:27
 Viewed: 08/08/2025 | 08:27
 Signed: 08/08/2025 | 08:27

Electronic Record and Signature Disclosure:
 Not Offered via Docusign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	08/08/2025 08:27
Certified Delivered	Security Checked	08/08/2025 08:27
Signing Complete	Security Checked	08/08/2025 08:27
Completed	Security Checked	08/08/2025 08:27
Payment Events	Status	Timestamps