



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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:		DHHS/OADS/Interpretation services	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Nicole Mitchell	
(If applicable) Department Reference #:		ADS-26-9841	
Amount: (Contract/Amendment/Grant)	\$74,475.50	Advantage CT / RQS #:	CT 10A 20250509000ADS269841
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 1/1/2026
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:		Mary Jane Grant Sign Language Interpreting Services Sanford, Maine	
Brief Description of Goods/Services/Grant:		American Sign Language (ASL) interpretation recording services for a training video	

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 purpose of this contract is to provide ASL interpretation recording services for a previously recorded Direct Support Worker (DSW) training video. Provider will secure four (4) highly skilled interpreters, two (2) certified deaf interpreters and two (2) certified hearing interpreters, to provide this interpretation, as well as a videographer to record the interpretation. Provider will coordinate the work, book the studio, schedule and coordinate the interpreters, and communicate and provide updates to OADS during this project.

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

The Department obtained one other quote for ASL interpretation for the online learning modules. Another quote was for \$120,000, significantly higher than the Mary Jane Grant quote. Mary Jane Grant Sign Language Interpreting Services was chosen based on the quality of the product that they will be able to produce. The approach to how MJGrant's interpretation services will ensure that the ASL interpretation videos will function in conjunction within the highly interactive modules that are already created within the online curriculum. The thoughtful process and consideration for accessibility and end user experience will provide a high quality product that aligns with the existing video creations/content.

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

Upon review of the proposal submitted by Mary Jane Grant, the costs for these services are fair and reasonable, because the rates used match those of the State's Master Agreement for ASL interpretation. The State of Maine Master Agreement with Mary Jane Grant provides services at \$75-\$85 per hour depending on the service provided; this agreement allows an hourly rate of \$75 per hour for the certified interpreters, plus expenses.

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

This is a one-time service. The Department does not intend to RFP this service..

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

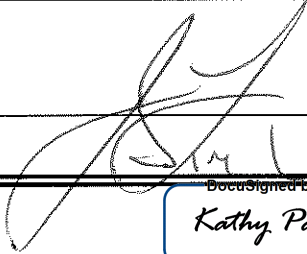
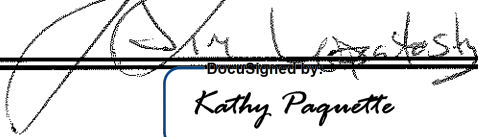

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:		Date:	24-Jun-25
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> Kathy Paquette <small>4102BA36FAF446D...</small>		
Typed Name:	Kathy Paquette	Date:	8/11/2025