



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

### 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:		DAFS/Division of Procurement Services		
Department Contract Administrator or Grant Coordinator:		Justin Franzose		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 0.00	Advantage CT / RQS #:		
CONTRACT	Proposed Start Date:	9/1/2022	Proposed End Date:	8/31/2023
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:		Multiple Vendors (See list below)		
Brief Description of Goods/Services/Grant:		Hearing Aids: Volume Purchase Hearing Aid Program		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
X	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		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.

For a number of years, the Division of Procurement Services has entered into contractual relationships with a number of hearing aid manufacturers by participating in a multi-state cooperative agreement administered by the State of Minnesota Cooperative Purchasing Venture (MNCPV). These contracts offer significant discounts from list price on a variety of types and models of hearing aids. The contracts were put in place primarily to serve Department of Labor, Division of Vocational Rehabilitation clients and Department of Health and Human Services, Office of MaineCare Services clients, but any state agency may utilize these contracts. State of Maine needs these contracts to procure hearing aids.

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

State of Minnesota issued a solicitation identified as G0210-2000012895 on May 12, 2022 for Hearing Aids: Volume Purchase Hearing Aid Program. The solicitation resulted in contract awards to the multiple vendors listed in the table below. Maine did not formally participate in the solicitation, but Maine is a member state of the Minnesota cooperative.

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

State of Minnesota conducted a competitive solicitation G0210-2000012895 on May 12, 2022 for Hearing Aids. These contracts offer significant discounts from list price on a variety of types and models of hearing aids. Furthermore, these cooperative contracts are a better value than what the state could get by conducting a solicitation on behalf of Maine only.

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

State of Maine will continue to utilize the cooperative contracts offered by State of Minnesota or conduct a solicitation on behalf of only State of Maine if necessary.

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

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part VI

### PART V: APPROVALS

Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve of this procurement request.		
	DocuSigned by: <i>Jaime Schorr</i> 6D6437754DD0459...		
Printed Name:	Jaime Schorr	Date:	9/20/2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>David Morris</i> 2A644AF5681F482...		
	Printed Name:	David Morris	Date:

<b>Vendor Name</b>	<b>City, State</b>	<b>State of Minnesota SWIFT Contract No.</b>
Beltone	Glenview, IL	217768
GN Resound	Bloomington, MN	217769
Oticon	Somerset, NJ	217770
Sivantos Rexton	Plymouth, MN	217771
Sivantos Signia	Piscataway, NJ	217772
Sonova	Aurora, IL	217773
Starkey	Eden Prairie, MN	217774
Widex USA	Hauppauge, NY	To be determined