

**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:		BES	
Department Contract Administrator or Grant Coordinator:		Kimberley Moore & Angelina Klouthis Jean	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 521,800	Advantage CT / RQS #:	12A 20220714*0146
CONTRACT	Proposed Start Date:	7/18/2022	Proposed End Date: 12/31/2023
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:		United Training Services	
Brief Description of Goods/Services/Grant:		Advanced Emergency Medical Technicians (AEMT) and Paramedic training for Tuition Remission	

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.	<p>Funded by the Healthcare Tuition Remission program, the contract will offer training to certify thirty-eight (38) Advanced Emergency Medical Technicians (AEMT) and forty-four (44) paramedics. This agreement will improve employer's access to qualified employees that can provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>MDOL hosted a training coordination discussion with certified EMS providers on 5/19/22 to address an employer-identified need to train paramedics and AEMTs across the state of Maine. During the discussion, it was determined that United Training Services is the only certified provider in Maine prepared to offer fast-paced courses that can immediately align with the ambitious timeline of the funding source.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>United Training Services has historically offered these courses to individuals seeking career advancement. The rates the State has agreed to pay align with United's traditional course prices and are competitive with the public educational system (MCCS).</p>
4. Describe the plan for future competition for the goods or services.	<p>As part of the EMS training coordination discussion, MDOL identified the future possibility of accelerated training for AEMTs and Paramedics to be developed and offered by the Maine Community College System. As the training is developed and offered, additional tuition remission funds will be available to support eligible individuals.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input checked="" type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> No – If No, proceed to Part V.	

PART V: APPROVALS	
The signatures below indicate approval of this procurement request.	
Signature of requesting Department's Commissioner (or designee):	

Procurement Justification Form (PJF)

Typed Name:	Kimberly Smith, Deputy Commissioner	Date:	8/5/2022
Signature of DAFS Procurement Official:	 <small>41C2BA36FAE44CD...</small>		
Typed Name:	Kathy Paquette	Date:	9/28/2022