



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:		DHHS/OADS/Disability Services	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Debbie Weston	
(If applicable) Department Reference #:		ADS-25-9840	
Amount: (Contract/Amendment/Grant)	\$300,000.00	Advantage CT / RQS #:	CT 10A 20240717000ADS259840
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 3/31/2025
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:		Innivee Strategies Laurel, Maryland	
Brief Description of Goods/Services/Grant:		Assessment of Statewide Interpreting Needs and provide recommendations for improvement	

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 conduct a Statewide Interpreting Needs Assessment to understand the current landscape of American Sign Language (ASL) interpreting in Maine and identify opportunities to improve the profession, ultimately enhancing the outcomes for Deaf, DeafBlind, and Hard of Hearing residents throughout the State. Provider will conduct a Statewide assessment through four phases, culminating in findings and recommendations to allow deepened relationships between the Department and this community by enhancing communication outcomes, increased awareness and recognition of the unique needs and perspectives, and establishing a collaborative framework for ongoing dialogue and actions.

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

Innivee Strategies was first recommended to us by members of the Gov. Baxter School Board in Maine who had contracted with them to help them develop a five year plan to address gaps in the education support of Deaf, Hard of Hearing, and Deaf/Blind youth in across Maine. Innivee Strategies has experienced staff who are steeped in knowledge about how to analyze systems gaps and have worked with at least three other states recently (Connecticut, Louisiana, and Kentucky) to help address similar issues that Maine is facing regarding the need to identify gaps in supports for our Deaf and Hard of Hearing community. The two leaders of the agency, Shane Feldman and Davin Sears, are Deaf and have a deep knowledge of the culture and language needs of this community. Because of this the Deaf and Hard of Hearing Community in Maine will be more likely to connect with them and share their needs more openly. We are not aware of any other organization like this one that could assist Maine at this time with this project.

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

The Department met with Innivee and described what we wanted from them based on the work they had done in other states and together drafted the statement of work and timing. This project requires staff who bring very targeted skills and experience. The hourly rates indicated for the subject matter experts who will be working on this contract align with other experts OADS has used who have specific skill sets that are needed in projects.

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

N/A, this is a one-time 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.

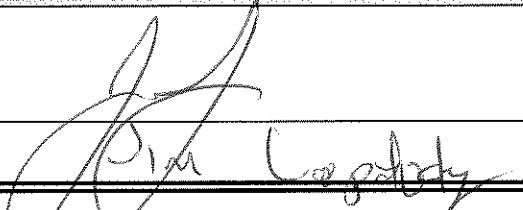
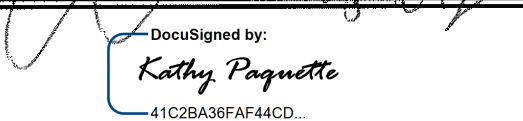
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	17-Aug-24
Signature of DAFS Procurement Official:	 <p>DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...</p>		
Typed Name:	Kathy Paquette	Date:	9/5/2024