

## 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:	Dept of Public Safety; Bureau of EMS		
Department Contract Administrator or Grant Coordinator:	Wil O'Neal		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 17,000	Advantage CT / RQS #:	RQS 20240917*0433
<b>CONTRACT</b>	Proposed Start Date:	1/1/2024	Proposed End Date: 12/31/2024
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Emory University; CARES Program; Atlanta, GA 30322		
Brief Description of Goods/Services/Grant:	Internet database subscription		

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 checked="" type="checkbox"/>	<del>D. University Cooperative Project</del>	<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.

Cardiac Arrest Registry to Enhance Survival (CARES) is an online database/registry to aggregate data about out-of-hospital cardiac arrests across the United States. This tool can then be used to benchmark EMS clinicians, agencies, and states amongst themselves to assess quality in cardiopulmonary resuscitation. Following input of the data, the system generates assessment reports that speak to quality of resuscitative efforts and identifies opportunities for improvement in out-of-hospital cardiac arrest patients.

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

Emory University is the sole owner of the CARES program and there isn't another program like it currently. Maine has participated previously with the CARES program.

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

Emory University/CARES sets costs based on population of the entity entering the data. Maine's population qualifies it for the least expensive state-level participation plan.

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

Maine EMS does not foresee a competitive bidding process for this service in the immediate future as there are not competitors in the marketplace that offer the same services for data entry and benchmarking.

**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.

Procurement Justification Form (PJF)

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):	<i>Derek A Gorneau</i> 		
Typed Name:	Derek Gorneau	Date:	09/18/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Joseph Zrioka</i> EA813178102243C...		
Typed Name:	Joseph Zrioka      Director of IT Procurement	Date:	9/25/2024

**The service is not proprietary. Other vendors could bid for the service. Please post.**






# Procurement Justification Form (PJF)\_REV 8.12.2024 CARES 2024

Final Audit Report

2024-09-18

Created:	2024-09-17
By:	Wil O'Neal (Wil.O'Neal@maine.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAADeGylCGhsmMjGgBRahvypYPNQ4GsXn9k

## "Procurement Justification Form (PJF)\_REV 8.12.2024 CARES 2024" History

-  Document created by Wil O'Neal (Wil.O'Neal@maine.gov)  
2024-09-17 - 7:10:48 PM GMT
-  Document emailed to Derek Gorneau (derek.gorneau@maine.gov) for signature  
2024-09-17 - 7:10:52 PM GMT
-  Email viewed by Derek Gorneau (derek.gorneau@maine.gov)  
2024-09-18 - 5:51:31 PM GMT
-  Document e-signed by Derek Gorneau (derek.gorneau@maine.gov)  
Signature Date: 2024-09-18 - 5:52:16 PM GMT - Time Source: server
-  Agreement completed.  
2024-09-18 - 5:52:16 PM GMT