



## 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 Division of Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OADS/APS/Tonya Perkins		
Department Contract Administrator or Grant Coordinator:	Althea Harris / Patricia Wall		
(If applicable) Department Reference #:	ADM-25-9500		
Amount: (Contract/Amendment/Grant)	\$ 6,600.00	Advantage CT / RQS #:	CT10A 2024051000000003187
<b>CONTRACT</b>	Proposed Start Date:	<b>7/1/2024</b>	Proposed End Date: <b>6/30/2025</b>
<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:	TD Bank Portland, ME		
Brief Description of Goods/Services/Grant:	Banking Services		

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 Department serves as Public Guardian, Public Conservator or Representative Payee for approximately 1,300 persons. For people that have been determined by a medical professional to lack capacity to make decisions, a Probate Court Judge has appointed the Department of Health and Human Services to be the person's Public Guardian and/or Public Conservator. DHHS is also selected by the Social Security Administration to be Representative Payee for people that have been determined by SSA to require this appointment.

Banking services are needed to support the Department in carrying out its fiduciary responsibility on behalf of these individuals.

The Department does not have the resources to provide these services.

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

TD Bank has extensive experience in providing these banking services on behalf of the individuals for whom the Department serves as Public Guardian, Conservator, or Representative Payee.

Continued use of this vendor is desired. Use of a different vendor would entail closing and moving client accounts, changing each client's direct deposits for social security checks and other checks, changing EFTs, and ordering new checks.

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

The costs to the Department for the services provided have been consistent over multiple contract periods. They are also consistent with standard banking fees.

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

The Department does not intend to issue an RFP for these banking services.

**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.

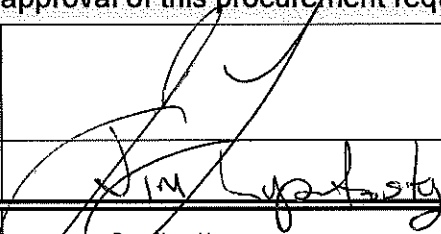

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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:	Jim Paquette	Date:	26 - Sep - 24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	9/30/2024