



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/OSC	
Department Contract Administrator or Grant Coordinator:		Sandra Royce	
(If applicable) Department Reference #:		OSC	
Amount: (Contract/Amendment/Grant)	\$ 60,000	Advantage CT / RQS #:	20180706*33
CONTRACT	Proposed Start Date:	12/1/2018	Proposed End Date: 6/30/2026
AMENDMENT	Original Start Date:	10/1/2022	Effective Date: Click or tap to enter a date.
	Previous End Date:		New End Date: 6/30/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Deloitte Consulting, LLP Minneapolis, MN	
Brief Description of Goods/Services/Grant:		OPEB future funding analysis	

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 checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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 amendment is for additional analysis required to provide future OPEB funding options for the State of Maine Employees Plan and the State of Maine Teachers Plan.

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

The vendor currently provides the annual OPEB analysis for the State. This work will utilize that data.

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

Rate are reasonable compared to current rates in the contract. It is a "will not exceed" contract of \$60,000.

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

N/A

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 V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

DocuSigned by:
Douglas E. Cotnoir
DACC4530B7FF4EC...

Typed Name:

Douglas E. Cotnoir, CPA, CIA

Date:

9/29/2022

Signature of DAFS
Procurement Official:

DocuSigned by:
Justin Franzose
AEED9C7B3A8044E...

Typed Name:

Justin Franzose

Date:

10/6/2022