



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:		DACF/BRILUP/Floodplain Management Program		
Department Contract Administrator or Grant Coordinator:		Sue Baker, Program Coordinator, Floodplain Mgmnt Prog		
(If applicable) Department Reference #:		N/A		
Amount: (Contract/Amendment/Grant)		\$ 8,000	Advantage CT / RQS #:	CT 01A 20231013*1109
CONTRACT	Proposed Start Date:	12/1/2023	Proposed End Date:	4/1/2024
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:		Schwalls Consulting LLC 949 Bradshaw Terrace Orlando, FL 32806		
Brief Description of Goods/Services/Grant:		Preparation and Delivery of two virtual 6-hour trainings (50 attendees each) on the new FEMA Elevation Certificate form.		

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 services are necessary for the Floodplain Management Program to provide training and continuing education credit to professional land surveyors and local code enforcement officers. This is a fully re-vamped form so land surveyors need to understand the changes to the form and it's use and communities that participate in the National Flood Insurance Program are required to use Elevation Certificates to document new construction and substantial improvements in the flood zone, so they need to be able to understand and interpret the elevations shown on the form.

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

Del Schwalls is a Professional Engineer with 22 years' experience in floodplain management, which is a highly specialized field. He conducts training around the country for engineers, land surveyors and community code officials. He is considered a subject matter expert, having served on the national elevation certificate working group, that made recommendations to FEMA for revisions to the instructions and the form itself.

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

The cost was negotiated with the vendor. Funding for the workshops was reviewed and approved by FEMA for full federal funding through the Community Assistance Program – State Support Services Element grant for FY23.

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

We are expecting that the state Floodplain Management Program staff will be able to offer a shortened version of the training once we have been through the full training.

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.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Amanda E. Beal</i> 20AE3A2882BB4AA		
Typed Name:	Amanda E. Beal, Commissioner	Date:	10/26/2023
Signature of DAFS Procurement Official:	DocuSigned by: <i>Martha Verhille</i> 891CE7A1493D45B...		
Typed Name:	Martha verhille	Date:	10/27/2023