



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**OFFICE OF STATE 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 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:		Court Services	
Department Contract Administrator or Grant Coordinator:		Nickole Wesley, Communication Access Specialist	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,000	Advantage CT / RQS #:	20241001*0495
<b>CONTRACT</b>	Proposed Start Date:	<b>9/9/2024</b>	Proposed End Date: 9/20/2024
<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:		Suad Mohamed, LLC Hilsboro, OR	
Brief Description of Goods/Services/Grant:		Somali interpretation	

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.


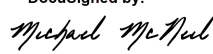
<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Somali interpreters were needed to interpret for the family of a victim so they could watch and understand the proceedings.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	There are few certified Somali interpreters available for court assignments. This interpreter is certified in the state of Oregon and was available for the full length of the two week hearing.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Somali interpreters are becoming increasingly rare so their hourly rate are typically high. The interpreter was confirmed to appear via Zoom for the duration of the trial so the Judicial branch wouldn't also have to pay travel, hotel, and peridorm costs as well.
4. Describe the plan for future competition for the goods or services.	Continue to work on finding other qualified interpreters and/or having the interpreter participate remotely to decrease costs.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <a href="#">Title 5, §18</a> and <a href="#">§18-A</a>, in harmony with MRS <a href="#">Title 17, §3104</a>.</i>	
<input checked="" type="checkbox"/> 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):	DocuSigned by:  755F066F9C634D0...			10/1/2024
Typed Name:	Connor Smith	Date:		
Signature of DAFS Procurement Official:	DocuSigned by:  7008796FB36A449...			
Typed Name:	Michael McNeil	Date:	10/2/2024	

NOI 1020241148