



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 \$10,000 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:		Department of Public Safety, Bureau of Highway Safety	
Department Contract Administrator or Grant Coordinator:		Kristen Morin	
(If applicable) Department Reference #:		N/A	
Agency Department Code:	16A	Advantage CT / RQS #:	20250926*0648
Amount: (Contract/Amendment/Grant)		\$381,303.00	
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date: 9/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:	10/1/2025	Grant Start Date: 10/1/2025
	Project End Date:	9/30/2026	Grant End Date: 9/30/2026
Vendor/Provider/Grantee Name, City, State:		VC1000093502 University of Southern Maine – Muskie School of Public 34 Bedford St. PO BOX 9300 Portland, Maine 04104	
Brief Description of Goods/Services/Grant:		Seat Belt surveys, Occupant Protection, Distracted Driving Survey	

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. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization
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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.

USM provides MeBHS with the following services:  
Annual surveys and related reports for: observed adult seat belt use; attitudinal survey of driver behavior; driver cell phone manipulation/distraction; EMS data quality assurance; Highway Safety Plan and Annual Report data-analysis.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

University of Southern Maine (USM) has been named in MeBHS Triennial Highway Safety Plan, and the project has been approved through the Annual Grant Application, both approved by National Highway Traffic Safety Administration (NHTSA) for federal funding. Observational seat belt surveys are a requirement by NHTSA.  
USM has the knowledge and the experience that NHTSA requires to complete these projects. The project period for this contract will be October 1, 2025, to September 30, 2026.

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

Observational seat belt surveys and distracted driving surveys were identified in the FFY2026 Maine Annual Grant Application and approved for the FFY2026 grant period. The proposed rates of pay for these services are reasonable and acceptable based on the scope of services proposed.

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

If vendor fails to meet the performance requirements, the State would issue an RFP for future 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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

**PART VI: APPROVALS**

Governor/Department Commissioner or Designee


1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
	<a href="#">Michael Sauschuck (Oct 2, 2025 14:57:25 EDT)</a>		
Typed Name:	Michael J. Sauschuck	Date:	Oct 2, 2025

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

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

**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	DocuSigned by: 		
	<a href="#">/008796FB36A449...</a>		
Typed Name:	Michael McNeil	Date:	Oct 2, 2025






# FFY2026 USM PJJ

Final Audit Report

2025-10-02

Created:	2025-10-02
By:	Lauren Stewart (lauren.v.stewart@maine.gov)
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