



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 / Maine Emergency Medical Services	
Department Contract Administrator or Grant Coordinator:		Wil O'Neal, Director	
(If applicable) Department Reference #:			
Agency Department Code:		Advantage CT / RQS #:	RQS 16A 20250916*439
Amount: (Contract/Amendment/Grant)	\$17,000.00		
CONTRACT	Proposed/Original Start Date:	1/1/2025	Proposed/Most Recent End Date: 12/31/2025
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Emory University Atlanta, GA	
Brief Description of Goods/Services/Grant:		Internet Database Subscription	

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

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.

Cardiac Arrest Registry to Enhance Survival (CARES) is an online database/registry to aggregate data about out-of-hospital cardiac arrests across the United States. This tool can then be used to benchmark EMS clinicians, agencies, and states amongst themselves to assess quality in cardiopulmonary resuscitation. Following input of the data, the system generates assessment reports that speak to quality of resuscitative efforts and identifies opportunities for improvement in out-of-hospital cardiac arrest patients.

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.

Emory University is the sole owner of the CARES program and there isn't currently another program like it. Maine has participated previously with the CARES program.

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

Emory University / CARES sets costs based on population of the entity entering the data. Maine's population qualifies it for the least expensive state-level participation plan.

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

DPS will utilize statutorily correct competitive bid processes for future services / products.

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'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):	<i>Derek A Gorneau</i>		
Typed Name:	Derek Gorneau	Date:	7-Oct-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:	Signed by: <i>John Spier</i>		
Typed Name:	2A1D91BCA418470... John Spier	Date:	10/8/2025






20251007-Emory-University-PJF

Final Audit Report

2025-10-07

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