



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:	DOL/DVR/DDHHL		
Department Contract Administrator or Grant Coordinator:			
(If applicable) Department Reference #:			
Agency Department Code:	12A	Advantage CT / RQS #:	20240405*2744
Amount: (Contract/Amendment/Grant)	\$676,479		
CONTRACT	Proposed/Original Start Date:	7/1/2024	Proposed/Most Recent End Date: 9/30/2025
AMENDMENT	New Effective Date:	10/1/2025	New End Date (if Applicable): 6/30/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Disability Rights Maine 160 Capitol Street Suite #4 Augusta, ME 04333		
Brief Description of Goods/Services/Grant:	Telecommunication Equipment Program (TEP) and the Civil Rights (CR) Program		

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 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
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p> <p>The purpose of this Contract is The purpose of this Contract is to ensure equipment and advocacy services are provided to clients who are deaf, hard of hearing or late deafened.</p> <p>The Provider shall provide these equipment and services to clients who are deaf, hard of hearing or late deafened.</p>
<p>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.</p> <ul style="list-style-type: none"> RFP 201602019-DRM was the only bidder to respond and got the contract. For many years they were thought to be the only vendor who provided this specific service, so the contract became a sole source, per procurement. DOL became aware of a vendor who might be interested in providing service. RFP will be completed for a 7/1/2026 contract start date.
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p> <p>The rate was set from previous years and based on what funds are available for the Civil Rights Program and the Telecommunications Equipment Program.</p>
<p>4. Describe the plan for future competition for the goods or services.</p> <p>An RFP will be completed for 7/1/2026 contract start date</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)
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) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE
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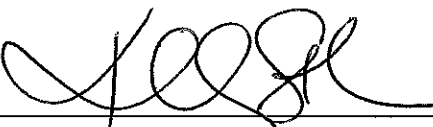
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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):			
Typed Name:	Kimberly Smith, Deputy Commissioner	Date:	10/8/2025

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: 		
Typed Name:	2D5B6E39F57E44A... William J.E. Allen	Date:	10/31/2025