

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DOL/BRS/DVR/DBVI		
Department Contract Administrator or Grant Coordinator:		Annette Stevens, Rehabilitation Consultant		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 48,376.00	Advantage CT / RQS #	TBD	
<b>CONTRACT</b>	Proposed Start Date:	11/16/2020	Proposed End Date:	5/31/2021
<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:		Market Decisions, LLC 75 Washington Ave Suite 2c Portland, Me. 04101		
Consumer Satisfaction research and analysis of Division of Vocational Rehabilitation customers (as federally required)		Consumer satisfaction research and analysis of both the Division of Vocational Rehabilitation and Division for the Blind and Visually Impaired customers (as federally required)		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
x	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION	
Please respond to ALL of the following:	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	



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## PART III: SUPPLEMENTAL INFORMATION

Both the Division of Vocational Rehabilitation and the Division for the Blind and Visually Impaired are required under federal law to complete a comprehensive statewide needs assessment (CSNA) every three years. As part of that assessment, a consumer satisfaction survey is conducted to better understand the needs and experiences of DVR/DBVI's clients. This survey gathers data from over 820 individuals with disabilities across the state and must be fully accessible.

At the completion of the survey, the data gathered is shared with both State Rehabilitation Council's (DVR-SRC and DBVI-SRC) and it forms the basis for both development of the statewide needs assessment, as well as both Divisions' state plan.

### 2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Neither the Division of Vocational Rehabilitation (DVR) or the Division for the Blind and Visually Impaired (DBVI) have sufficient staffing, expertise or the resources to conduct a survey at this scale especially during the COVID pandemic. This vendor has previously conducted this satisfaction survey multiple times for DVR since 2003 and currently provides similar services to other state Vocational Rehabilitation agencies, including both blind and general programs, across the country, saving significant time in survey development and execution. Selection of the vendor allows for continuity of the process and most importantly data integrity in trend analysis over a seventeen year period, as well as informative comparison to peer agencies. DVR/DBVI is not aware of any other State of Maine (SOM) entity that can provide the service more effectively or efficiently than the identified vendor.

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

Rates were negotiated and although the cost is slightly higher than historically, this is reasonable because it takes into account that this is for both Divisions (DVR and DBVI) within the Bureau of Rehabilitation Services for this survey.

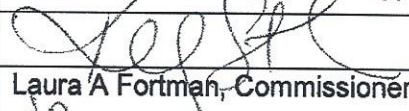
### 4. Describe the plan for future competition for the goods or services.

If in the future, DVR/DBVI becomes aware of another vendor(s) that can provide the very specific and targeted services sought, we will consider conducting a RFP for this service.

## PART IV: APPROVALS

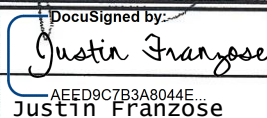
**Signature of requesting  
Department's Commissioner  
(or designee):**

*By signing below, I signify that I approve of this procurement request.*

  
Laura A Fortman, Commissioner

**Date:** 11/19/2020

**Signature of DAFS  
Procurement Official:**

*DocuSigned by:*  
  
Justin Franzose

**Date:** 11/20/2020