

**PROCUREMENT JUSTIFICATION FORM (PJF)**

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 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:		Jaime L. Pelotte	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ 158,767.56	Advantage CT / RQS #:	CT 16A 20230906*0632
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date: 9/30/2024
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:	10/1/2023	Grant Start Date: 10/1/2023
	Project End Date:	9/30/2024	Grant End Date: 9/30/2024
Vendor/Provider/Grantee Name, City, State:		SADD Inc. 1701 Rhode Island Ave Northwest Washington, DC 20036	
Brief Description of Goods/Services/Grant:		SADD State Coordinator, Young Driver, Pre-licensure Driver Education/Communication and Community/Coalition Outreach.	

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 checked="" 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 checked="" 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
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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.

Teen and young drivers are involved in crashes leading to serious injuries and fatalities more often than more experienced drivers. Education of this age group will help reduce motor vehicle crashes.

This contract will fund the activities of one SADD, Inc. (Students Against Destructive Decisions) peer-to peer program coordinator to open new chapters of their organization in schools across the State. SADD, Inc. is responsible for creating education messaging that promote safe teen driving and establishing new chapters and supporting existing chapters. Students are empowered to help identify problems within their school and community and will be in charge of delivering intervention(s), participating activities, and running their local SADD chapter.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Selected vendor was identified and approved by NHTSA (National Highway Transportation Safety Administration) for federal funding identified for Federal Fiscal Year 2024 through Maine’s 2024 Annual Grant Application.

This program is identified as a countermeasure that works for behavioral highway safety.

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

Project and costs were identified and approved for federal grant funding by NHTSA for FFY2024.

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

SADD chapters can only be created and approved by SADD, Inc. Any future projects if approved by NHTSA would be contracted with SADD, Inc. directly.



PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

- Yes – If Yes, please attach the approved Business Case(s).
- No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	 Michael Sauschuck (Oct 20, 2023 07:46 EDT)		
Typed Name:	Michael J. Sauschuck	Date:	Oct 20, 2023
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	11/1/2023






SADD Procurement Justification Form (PJF)

Final Audit Report

2023-10-20

Created:	2023-10-20
By:	Lauren Stewart (lauren.v.stewart@maine.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAA__xvgWiOIRfNVI1uXRy2kRfjPfyrb92

"SADD Procurement Justification Form (PJF)" History

-  Document created by Lauren Stewart (lauren.v.stewart@maine.gov)
2023-10-20 - 11:45:05 AM GMT- IP address: 198.182.163.132
-  Document emailed to Michael Sauschuck (michael.sauschuck@maine.gov) for signature
2023-10-20 - 11:45:51 AM GMT
-  Email viewed by Michael Sauschuck (michael.sauschuck@maine.gov)
2023-10-20 - 11:46:30 AM GMT- IP address: 104.47.64.254
-  Document e-signed by Michael Sauschuck (michael.sauschuck@maine.gov)
Signature Date: 2023-10-20 - 11:46:40 AM GMT - Time Source: server- IP address: 72.227.103.130
-  Agreement completed.
2023-10-20 - 11:46:40 AM GMT