

**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:		DAFS/OSC			
Department Contract Administrator or Grant Coordinator:		Sandra Royce			
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)		\$ 105,000	Advantage CT / RQS #:	201807060*33	
CONTRACT	Proposed Start Date:	Click or tap to enter a date.	Proposed End Date:	Click or tap to enter a date.	
AMENDMENT	Original Start Date:	<b>7/16/2018</b>	Effective Date:	10/18/2023	
	Previous End Date:	<b>6/30/2026</b>	New End Date:	6/30/2026	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:		Deloitte Consulting LLP Minneapolis, MN 55402			
Brief Description of Goods/Services/Grant:		Additional work required due to adding Teacher OPEB Plan Irrevocable trust and need for additional funding and contribution strategy projections			

**PART II: JUSTIFICATION FOR VENDOR SELECTION**

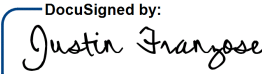
Check the box below for the justification(s) that applies to this request. (Check all that apply.)

<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 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. University 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.	
Additional reporting for the new Teacher OPEB Plan Irrevocable Trust: Funding and contribution strategy projections for state employees OPEB plan and Teacher OPEB plan	
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
This is the current vendor providing service through an RFP	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
Rates are similar to the original contract	
4. Describe the plan for future competition for the goods or services.	
RFP will be required at the end of this contract.	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):	Cotnoir, Douglas E <small>Digitally signed by Cotnoir, Douglas E Date: 2023.11.03 08:57:24 -04'00'</small>		
Typed Name:	Douglas Cotnoir, CPA, CIA State Controller	Date:	
Signature of DAFS Procurement Official:	DocuSigned by:  <small>AEED9C7B3A8044E...</small>		
Typed Name:	Justin Franzose	Date:	11/6/2023