



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
Table with fields: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Advantage CT / RQS #, CONTRACT, AMENDMENT, GRANT, Vendor/Provider/Grantee Name, City, State, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION
Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with checkboxes for A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, 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.

The Department is searching for a qualified candidate to fill the Bureau of Insurance position of Superintendent for that agency. The Department and the Governor’s staff have conducted three separate recruitment efforts without identifying an appropriate candidate. The provider has background experience in recruitment of healthcare professionals with insurance regulatory experience and has been asked by the Department to engage in a six month search using his contacts in the insurance industry.

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

See justification above.

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

After a review of the provider’s proposed fee arrangement by the Department and Governor’s Office, it was agreed that the proposal was acceptable and consistent with the Department’s recruitment goal based on the provider’s prior recruitment success in the insurance and health care professional fields. The Department will use funding from the Commissioner’s budget for this contract.

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

This contract is a one-time effort to fill a critical vacancy in the Maine Bureau of Insurance.

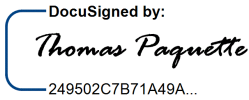
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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):	<i>Anne L. Head</i>		
Typed Name:	Anne L. Head	Date:	11/09/2023
Signature of DAFS Procurement Official:			
Typed Name:	Thomas Paquette	Date:	11/13/2023