



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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:		MDIFW/Bureau of Resource Management		
Department Contract Administrator or Grant Coordinator:		Karen Estabrook		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 15,000.00	Advantage CT / RQS #:	09A- 20231108000000001353
CONTRACT	Proposed Start Date:	12/1/2023	Proposed End Date:	6/30/2024
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Association of Fish and Wildlife Agencies 1100 First Street, NE; Suite 825 Washington, DC 20002		
Brief Description of Goods/Services/Grant:		Meeting facilitation services to assess employee satisfaction/engagement and provide Bureau administration with recommended actions.		

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 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. 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.

Like many government agencies, MDIFW faces a number of changes and challenges. This service provides the opportunity for staff from different locations to connect, discuss issues at a deeper and more thoughtful level, develop a common language, and work synergistically to improve how they collaborate, formulate recommendations, and make decisions.

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

MDIFW is a paying member of the Association of Fish and Wildlife Agencies (AFWA). As part of the cost of annual dues, AFWA waives the charge for one of the two meeting facilitators. In addition, AFWA has provided previous employee training to MDIFW, is the preferred training authority for Fish and Wildlife Agencies across the country and is familiar with MDIFW's mission and structure.

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

The cost for this service is discounted because MDIFW is paying member of the Association of Fish and Wildlife Agencies.

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

MDIFW will follow State of Maine procurement procedures.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Judith A Camuso</i> 2E11918D8425475...		
Typed Name:	Judith A Camuso	Date:	11/9/2023
Signature of DAFS Procurement Official:	DocuSigned by: <i>Martha Verhille</i> 891CE7A1493D45B...		
Typed Name:	Martha verhille	Date:	11/14/2023