



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:	DOL/BRS/DBVI		
Department Contract Administrator or Grant Coordinator:	Jessica Cavanaugh		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 35,000	Advantage CT / RQS #:	20241004*0931
<b>CONTRACT</b>	Proposed Start Date:	<b>10/1/2024</b>	Proposed End Date: <b>9/30/2025</b>
<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:	Amy Ruell Ogunquit, Maine		
Brief Description of Goods/Services/Grant:	To assess and create recommendations for Maine to address the unique adjustment needs of youth and adults who are blind and visually impaired and remove barriers to employment.		

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
--------------------------	-----------------------------------	--------------------------	------------------------

Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1.	Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
<p>People who are losing their vision are afraid of also losing independence. They have tremendous anxiety, depression, anger, grief, and isolation, and these are all common responses. Vision loss may impact marriages, personal relationships, work, education, socializing, activities, and your own understanding of who you are as a person. This severely impacts a person being able to participate in competitive integrated employment. Maine does not have a strong adjustment counseling system and is in need of improvement for its blind or visually impaired citizens.</p>	
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
<p>Amy Ruell is a Clinical Social Worker who has worked in the field of mental health and blindness for over 30 years. She was the Director of Social Services at the Massachusetts Association for the Blind and Visually Impaired (MABVI) and developed, oversaw and supervised volunteer, adjustment counseling and Peer Empowerment Programs. Amy was also the Director of Low Vision Adjustment and Peer Group Support Services in Massachusetts, where she focused on the transition to virtual support groups and provided group coordinator training. Amy developed reports and presentations to Leadership and Board Members of MABVI for both increased access to funding streams and outlined goals and progress in adjustment counseling services. Amy also promoted a culture of diversity, equity, and inclusion.</p>	
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
<p>DBVI and Vendor met and negotiated the costs necessary for the Vendor to perform the deliverables outlined in the contract. DBVI felt that costs were fair and reasonable given the specialty nature of this contract.</p>	
4.	Describe the plan for future competition for the goods or services.
<p>This will likely be a limited service with no need for future services. However, if the need for this service becomes longer, or further services are needed, and we become aware of a person or entity that can meet this need, we would go out to RFP.</p>	

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	

<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> No – If No, proceed to Part V.



**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Kimberly A Smith, Deputy Commissioner	Date:	10/31/2024
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Thomas Paquette 249502C7B71A49A...</small>		
Typed Name:	Thomas Paquette	Date:	11/5/2024