



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:		Department of the Attorney General/Office of Chief Medical Examiner		
Department Contract Administrator or Grant Coordinator:		Summer Carter		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 21,444	Advantage CT / RQS #	CT 26A 20241119*1292
CONTRACT	Proposed Start Date:	11/1/2024	Proposed End Date:	6/30/2025
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:		Forensic Pathology Services, LLC		
Brief Description of Goods/Services/Grant:		The purpose of this Contract is to procure autopsy technician services for the Department of the Attorney General/Chief Medical Examiner (OCME).		

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

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 Office of Chief Medical Examiner needs more autopsy technicians to assist the two (2) existing staff in conducting autopsies. This additional service will allow existing staff to complete other assigned duties (toxicology, tissue disposal, evidence documentation, etc.) while not delaying the completion of autopsies.

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

The selected vendor is the only provider of trained autopsy technicians. The technicians that work with FPS, LLC are subject matter experts that require no training and can step in and start working immediately.

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

The daily fee is fair and reasonable, and the other associated costs are reimbursement for travel and accommodations

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

Given the specialized skillset of autopsy technicians, if the requested positions are not granted through Legislative process, the OCME will seek another Single Source contract.

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: 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:	Summer Carter	Date:	11/26/2024
-------------	---------------	-------	------------

Signature of DAFS Procurement Official:			
---	---	--	--

Typed Name:	Sue H. Garcia	Date:	11/27/2024
-------------	---------------	-------	------------