



**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:		Maine EMS	
Department Contract Administrator or Grant Coordinator:		Jonathan Sam Hurley	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 0	Advantage CT / RQS #:	MA 18P 111212*142
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	11/23/2021
	Previous End Date:	New End Date:	12/31/2022
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Life Savers, INC. 39 Plymouth St. Fairfield, NJ	
Brief Description of Goods/Services/Grant:		Automated External Defibrillators (AEDs) and Accessories	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		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.

Automated External Defibrillators (AEDs) are critical in the situation of an out-of-hospital cardiac arrest. Early chest compressions and defibrillation are readily associated with increased survivability of these types of events and so access to quality AED's throughout the state is vital for promoting survival rates. This agreement will allow municipalities, political subdivisions and schools the ability to acquire AED's for a discounted price.

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

There are a limited number of vendors for AED products. Additionally, the State of Maine, municipalities, political subdivisions, and schools have used LifeSavers to specifically purchase Lifeline AEDs. This further reduces the number of companies that can provide these specific AEDs and accompanying supplies because they are manufacturer specific. If certain supplies cannot be acquired to outfit these AEDs, organizations within Maine government may be forced to replace all of their AEDs.

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

Discounted pricing per item was negotiated previously with the vendor.

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

Maine EMS anticipates submitting a Request for Proposals during calendar year 2022 for additional vendors to be able to compete for this reduced pricing contract.

### 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 VI

### PART V: APPROVALS

Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve of this procurement request.		
	<i>Kendra Coates</i>		
Printed Name:	Kendra Coates	Date:	11/30/2021
Signature of DAFS Procurement Official:	DocuSigned by: <i>Justin Franzose</i>		
	AEED9C7B3A8044E... Justin Franzose		
Printed Name:	Justin Franzose	Date:	11/30/2021