



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:		Office of the Attorney General	
Department Contract Administrator or Grant Coordinator:		Mark Toulouse/Lindsey Chasteen	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 5,400.00	Advantage CT / RQS #:	CT 26A 20220615*3390
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date: 6/30/2023
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:		Alyssa Brugger, 1152 North Palermo Road, Freedom, Maine 04941	
Brief Description of Goods/Services/Grant:		Forensic Pathology Services	

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.

This contract is for the purpose of contracting with a person familiar with assisting a Forensic Pathologist. The person will assist in the position of Medical Examiner Assistant; prepare facilities/bodies for Autopsy; assist during the procedure under the supervision of a medical examiner; obtain/process tissue, organ and fluid samples for testing; clean equipment/facilities and prepare the body for funeral home transport; post procedure and any other duties as needed to complete examinations/autopsies at the location of OCME, 30 Hospital Street, Augusta, Maine. There are two full-time Medical Examiner Assistants employed by OCME.

The additional assistant is designed to distribute assisting the forensic pathologists with the autopsy case load in a manner that will ensure efficient and timely completion of cases. Delays in processing of cases results in delays of closure for families and delays in paperwork completion from insurance companies. When the Medical Examiner Assistants are not available to assist, Ms. Brugger may cover.

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

There are two full-time Medical Examiner Assistants employed by OCME. This additional coverage is when those assistants are not available, usually on a weekend or after the assistants have already worked more than normal number of hours in a week. The work of the OCME is such that employees need an opportunity to get a break from it. But the work can't stop because delays impact families, insurance processes, investigation processes, etc.

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

The OCME has negotiated with Ms. Brugger an amount of \$250 for the first case in a day and \$200 for additional cases that day. Ms. Brugger is a former OCME employee; she has the experience of the position and the knowledge of the OCME technology and procedures. This makes her more efficient than a temp.

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

We are not aware of anyone meeting the qualifications and able to assist in this role. If the Office of Chief Medical Examiner can identify any competition, they will also be offered a chance to provide this service.

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

Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).
<input checked="" type="checkbox"/> 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>Mark A. Toulouse</i>		
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Typed Name:	Mark A. Toulouse	Date:	6/15/2022
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Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Sue H. Garcia</i>		
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Typed Name:	Sue H. Garcia	Date:	12/14/2022
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