



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:	Dept of Public Safety – Maine State Police			
Department Contract Administrator or Grant Coordinator:	Lt David Tripp Iris Rogers			
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 10,098.00	Advantage CT / RQS #:	CT 16A 20210804*272	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	9/1/2021	Effective Date:	9/1/2023
	Previous End Date:	8/31/2023	New End Date:	8/31/2024
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		EMMC DBA Northern Lights Bangor ME		
Brief Description of Goods/Services/Grant:		MSP applicant medical evaluations		

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.

All final applicants to the Maine State Police academy are required to complete a medical evaluation in order to be accepted into the program to ensure that they are physically fit for the strenuous training and active duty physical demands.

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

Our contracting with EMMC is contingent upon PA John Raymond being the coordinator, evaluator and reporter of the fitness evaluation testing for the Maine State Police. PA Raymond contracts with EMMC and, due to his extensive background in the necessary testing and evaluation of the testing, as it applies to the rigorous academy training the applicants will receive and the physical requirements of being a Maine State Trooper in the field after graduation, our contract with EMMC will name PA. John Raymond as the specified coordinator of the fitness evaluation testing for the Maine State Police. The testing will take place at EMMC where calibrated instrumentation for accurate evaluations is available and Dr. Raymond can actively participate in, monitor and report on all testing results. A copy of the test results, interpretation of the results and recommendations (in the form of a 12 to 15-page report of all the Physical Fitness and Medical Evaluations for each applicant) will be provided to the Maine State Police Academy.

Due to the complexity of the required testing and the fact that we are relying on a medical opinion, the Maine State Police feels that it is extremely important that the reporting physician be fully versed and familiar with the type of activities and training the applicants will be receiving so an accurate evaluation can be made to avoid injury of an unfit applicant. PA Raymond has been performing our evaluations for over 25 years and has the required knowledge and experience.

Prior to 2011 and to date, PA Raymond was approved as the Sole Source for our previous contracts as a validation study conducted by the Physical Fitness Program Planning group indicated that the individual agency who conducted the medical exams for applicants must have an extensive background in sports medicine and /or emergency medicine. PA Raymond met these criteria and has continued to provide the Maine State Police satisfactory evaluations. In addition to PA Raymond's degrees in Health Professions and Education/Exercise Physiology, he also had a private practice in Cardiology, providing the Maine State Police with additional skills above the requirements the Physical Fitness Programing group. From his skill sets, he provided the Academy with a comprehensive system for evaluation of cardiology issues (which could surface during the training program at the State Police Academy.)

It is also important that to note that the facility and the schedule can efficiently accommodate up to 12 applicants in one visit.

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

Current price is \$561 per person. Year 3 in CT. Increase from \$500 per person.

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

PART III: SUPPLEMENTAL INFORMATION

5. 4. Continued--

We have requested PA Raymond work with another physician to pass on his knowledge and help train a replacement for when he retires.

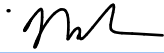

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

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

 No – If No, proceed to Part V.
PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	 Michael Sauschuck (Nov 2, 2023 14:47 EDT)		
Typed Name:	Michael Sauschuck, Commissioner	Date:	
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	12/5/2023

PJF EMMC Northern Light CT 16A






20210804-072 110223

Final Audit Report

2023-11-02

Created:	2023-11-02
By:	Iris Rogers (iris.rogers@maine.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAay3JBTesDnuwJMQ0BtwB2GuFkTyiUM4

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-  Document created by Iris Rogers (iris.rogers@maine.gov)
2023-11-02 - 6:46:46 PM GMT
-  Document emailed to Michael Sauschuck (michael.sauschuck@maine.gov) for signature
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-  Email viewed by Michael Sauschuck (michael.sauschuck@maine.gov)
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-  Document e-signed by Michael Sauschuck (michael.sauschuck@maine.gov)
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