



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:	Telecommunications Relay Service Council		
Department Contract Administrator or Grant Coordinator:	John I Post		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 40,200.00	Advantage CT / RQS #:	CT 95T 2022123*1780
CONTRACT	Proposed Start Date:	1/1/2025	Proposed End Date: 12/31/2025
AMENDMENT	Original Start Date:	1/1/2023	Effective Date: 1/1/2025
	Previous End Date:	12/31/2024	New End Date: 12/31/2025
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Hamilton Relay, Inc ("Hamilton") 1006 12 th Street Aurora NE 68818		
Brief Description of Goods/Services/Grant:	The vendor will provide PTSN Captioned Telephone Service (CTS) that allow hearing people and people who are deaf, hard-of-hearing, or speech-impaired to communicate via the telecommunications system and as required by 35-A M.R.S. § 8701.		

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 checked="" 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.

Hamilton agrees to provide captioned telephone services for an additional year as detailed in the original contract. Hamilton agrees to provide services for \$3350.00 per month for a total of \$40,200. This amendment will ensure that captioned telephone services for hearing people and people who are deaf, hard-of-hearing, or speech-impaired continue.

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

This is an amendment to an existing contract as allowed by the original RFP.

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

The costs for this amendment are just and reasonable and consistent with company’s existing contract dated December 29, 2022.

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

Click or tap here to enter text. The TRS Council, which oversees relay services, is undergoing an organizational change. A new law, LD 1065, that took effect on October 25, 2023, will provide the Council with an Executive Director. The new ED will provide stronger organizational leadership to better manage ongoing priorities such as RFPs for services and strengthening Council membership. This amendment approach was also shared with David Morris from DAFS.

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.

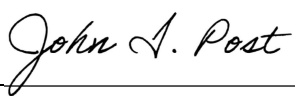

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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):	 MeTRS Chair		
Typed Name:	John I. Post	Date:	12/10/2024
Signature of DAFS Procurement Official:	DocuSigned by:  <small>249502C7B71A49A...</small>		
Typed Name:	Thomas Paquette	Date:	12/18/2025