

**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:		MaineDOT/Fairfield Training Center	
Department Contract Administrator or Grant Coordinator:		Valarie Moody, Director, Fairfield Training Center	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 28965.13	Advantage CT / RQS #:	202406200000003747
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 3/31/2025
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:		National Safety Council (NSC) Itasca, Illinois	
Brief Description of Goods/Services/Grant:		Provides licensure to companies to perform certifications for First Aid/CPR/AED	

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.

1926.50(c)

In the absence of an infirmary, clinic, hospital, or physician that is reasonably accessible in terms of time and distance to the worksite, which is available for the treatment of injured employees, a person who has a valid certificate in first-aid training from the U.S. Bureau of Mine, the American Red Cross or equivalent training that can be verified by documentary evidence, shall be available at the worksite to render first aid.

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

The MaineDOT is currently a member with the National Safety Council (NSC). This provides benefits including reduced cost of trainings, materials, and conferences.

Additionally, NSC's program allows the MaineDOT to be its own training center. This unique opportunity provides more control of our program including issuing completion certificates, training in-house instructors, and scheduling trainings.

The MaineDOT currently has 14 NSC instructors and 4 NSC Train-the-Trainers.

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

Conducting a cost analysis with the National Safety Council against two other major providers (Red Cross and National Heart Association) who provide comparative curriculums. The National Safety Council's rates are the lowest for the services we are currently being provided.

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

The MaineDOT will continue to conduct program review and cost analysis with other major providers on an annual basis.

**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.

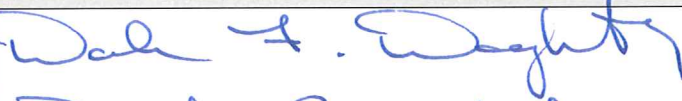

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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):			
	Deputy Commissioner		
Typed Name:	Dale F Doughty	Date:	6/21/24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	6/27/2024