



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:	DOL/BRS/DBVI		
Department Contract Administrator or Grant Coordinator:	Elissa Rowe		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 60,000	Advantage CT / RQS #:	20240628*3828
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 12/31/2024
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:	The Iris Network 189 Park Avenue Portland, Maine 04102		
Brief Description of Goods/Services/Grant:	Orientation and Mobility 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 checked="" 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.

The State of Maine Department of Labor, Division for the Blind and Visually Impaired (DBVI) provides comprehensive services to people who are blind and visually impaired. A crucial component of the services is providing Orientation and Mobility (teaching white cane and navigation skills to people who have lost their vision). Currently, there are individuals waiting for this service due to long-term staff line vacancies and current staff leave of absences at DBVI, this contract will serve as an interim solution to ensure clients receive this crucial service. The contract will purchase a minimum of twenty hours a week of O&M service from The Iris Network to serve blind and visually impaired individuals in their homes and communities.

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

The Iris Network is currently contracted with DBVI to provide a variety of services, statewide to people who are blind and visually impaired. They recently hired an O&M staff person who has some current capacity. There are very few O&M specialists available in the state, and there is an urgent need to provide this service to eligible individuals. This contract is intended to be a short-term solution while DBVI focuses on recruitment and retention of O&M staff into the vacant state lines.

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

The hourly rate was negotiated based on hourly rate plus benefits for O&M nationally.

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

DBVI plans to address staffing shortages internally and will no longer need to contract for these services.

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.

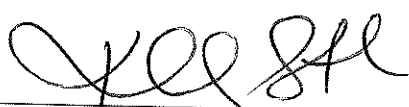
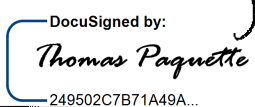
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kimberly Smith	Date:	7/11/2024
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Thomas Paquette 249502C7B71A49A...</small>		
Typed Name:	Thomas Paquette	Date:	7/22/2024