



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:		Maine Commission for Community Service		
Department Contract Administrator or Grant Coordinator:		Maryalice Crofton		
(If applicable) Department Reference #:		n/a		
Amount: (Contract/Amendment/Grant)		\$ 10,000	Advantage CT / RQS #:	CT 20240717*0119
CONTRACT	Proposed Start Date:	7/24/2024	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:		American Association of State Service Commissions dba America's Service Commissions, Washington, DC		
Brief Description of Goods/Services/Grant:		Consultation on transition of staff leadership, fiscal agent, and facilitation of board retreat.		

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.

The Commission board and its subcommittee on transitions requires unbiased guidance and information based on data from similar sized service commissions in other states as the Maine Commission navigates the near term (6mos) transition in staff leadership (prompted by retirement) and subsequent transition to a new fiscal agent. The retreat facilitation is added because the board now has over 50% new members who want to learn about the overall mission of service commissions and foundations for their work.

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

The consultant is the national association of state service commissions with a specialized understanding of both commission operations across the country, staffing patterns, salary scales, budgets, location in state governments, and the federal appropriations as well as sector changes underway. The commission has worked with consultants unfamiliar with national service and found the time spent educating the consultants ate up a significant amount of time in the contract. With the changes mentioned set to occur in the next 6 mos (leadership change) and 12 mos (fiscal agent change) they seek to use all the time under this contract for planning and managing the transitions.

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

The funding was budgeted in the Commission federal grant application and approved. The costs were negotiated by having the vendor submit a scope of work with costs per activity. The scope of work was reviewed by the board and some non-essential elements were eliminated to bring the cost in line with funds available. The final amount is \$625 per day for 12 days plus travel to Maine.

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

The Commission does not foresee a future need for these services, hoping the new Executive Director and new fiscal agent will endure.

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):			
Typed Name:	Daniel Chuhta, Deputy Commissioner	Date:	Click or tap to enter a date. 7/18/2024
Signature of DAFS Procurement Official:			
Typed Name:	kathy Paquette	Date:	7/24/2024

Certificate Of Completion

Envelope Id: 5A2073F0F34643648F8E1505290DE2FC	Status: Completed
Subject: Please Docusign This Document	
Source Envelope:	
Document Pages: 2	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Disabled	Daniel A. Chuhta
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	Daniel.Chuhta@maine.gov
	IP Address: 64.207.219.135

Record Tracking

Status: Original	Holder: Daniel A. Chuhta	Location: DocuSign
7/18/2024 9:58:43 AM	Daniel.Chuhta@maine.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Maine Department of Education	Location: DocuSign

Signer Events

Daniel A. Chuhta
 Daniel.Chuhta@maine.gov
 Deputy Commissioner
 Maine Department of Education
 Security Level: Email, Account Authentication (None)

Signature



Signature Adoption: Drawn on Device
 Using IP Address: 198.182.163.113

Timestamp

Sent: 7/18/2024 9:58:44 AM
 Viewed: 7/18/2024 10:02:20 AM
 Signed: 7/18/2024 10:03:08 AM
 Freeform Signing

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	7/18/2024 9:58:44 AM
Certified Delivered	Security Checked	7/18/2024 10:02:20 AM
Signing Complete	Security Checked	7/18/2024 10:03:08 AM
Completed	Security Checked	7/18/2024 10:03:08 AM

Payment Events

Status

Timestamps