PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) <u>over \$5,000</u> 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 C	Department of Public Safety								
Department Contract Administrator or Grant Coordinator:			Lt. Tyler Stevenson Iris Rogers						
(If applicable) Department Reference #:			N/A						
(Contract/Amer	Amount: ndment/Grant)	\$ 68 500 00 Advantage CT / PC		age CT / RQS #:	CT-16A- 20220516*2898				
CONTRACT	Proposed Start Date:		Click or enter a		Proposed End I		Click or tap to enter a date.		
AMENDMENT	Original Start Date:		7/1/2022		Effective Date:		6/30/2024		
AMENDMENT	Previous End Date:				New End Date:		6/30/2025		
GRANT	Project Start Date:				Grant Start Date:				
	Project End Date:				Grant End Date:				
Vendor/Provider/Grantee Name,			Wendy Kjeldgaard, PsyD VC0000141031						
City, State:			Scarborough, ME						
Brief Description of Goods/Services/Grant:			Psychological Evaluations						

PART II: JUSTIFICATION FOR VENDOR SELECTION								
Check the box below for the justification(s) that applies to this request. (Check all that apply.)								
	A. Competitive Process		G. Grant					
	B. Amendment		H. State Statute/Agency Directed					
\boxtimes	C. Single Source/Unique Vendor		I. Federal Agency Directed					
	D. Proprietary/Copyright/Patents	\boxtimes	J. Willing and Qualified					
	E. Emergency		K. Client Choice					
	F. University Cooperative Project		L. Other Authorization					

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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.

Provide the required psychological evaluations for Maine State Troopers candidates, as well as provide psychological evaluations for existing State Police Officers that have been involved with a critical incident and require a psychological evaluation prior to reinstatement. Psychologists must be licensed and based in Maine and offering services at a Maine address. Psychologists must have experience dealing with law enforcement applicants and in evaluating and treating first responders and/or military personnel.

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

The Maine State Police is currently working with one vendor who have history treating law enforcement psychological health and evaluations. The goal is to maintain this vendor while we search for additional willing and able licensed mental health clinicians to establish a regional network of providers to provide these services statewide.

Dr. Wendy Kjeldgaard VC0000141031

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

Wendy Kjeldgaard, PsyD, has given a slight increase in her fees for the new contract. (\$700.00 for new hire eval & \$1000 for post officer involved critical incident). These rates are still very much in line with other providers for similar services. There were 3 added invoices, as well, that were incurred earlier this year and added to this addition of funds/service for this next SFY25.

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

We will continue to look for psychologists with this background that are based in the State of Maine to develop this network. It is optimum to have other providers located in all areas of the State.

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: APPROVALS									
The signatures below indicate approval of this procurement request.									
Signature of requesting Department's Commissioner (or designee):	Michael Sauschuck (Jun 26, 2024 10:06 EDT)	_							
Typed Name:	Michael Sauschuck, Commissioner	Date:							
Signature of DAFS Procurement Official:	Kathy Paquette 41C2BA36FAF44CD								
Typed Name:	Kathy Paquette	Date:	6/27/2024						

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PJF Dr. Wendy Kjeldgaard for 2022-2025

Final Audit Report 2024-06-26

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By: Iris Rogers (iris.rogers@maine.gov)

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