

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Labor-Employment Services		
Department Contract Administrator or Grant Coordinator:		Ginny Carroll 55 State House Station, Augusta Maine 04333 207.623.7974 or Virginia.A.Carroll@maine.gov		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 500,000	Advantage CT / RQS #:	12A 2020
CONTRACT	Proposed Start Date:	August 10, 2020	Proposed End Date:	December 31, 2022
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:		Central Western Maine Workforce Initiatives 77 Winthrop St., Augusta, ME 04333		
Brief Description of Goods/Services/Grant:		COVID19 Disaster Grant Disaster Relief & Career Services for eligible participants defined in TEGL 12-19.		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input checked="" 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

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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PART III: SUPPLEMENTAL INFORMATION

The President of the United States declared the Coronavirus Pandemic as a national disaster March 13, 2020. The United States Department of Labor awarded Maine a \$1,500,000 WIOA National Emergency Dislocated Worker grant to address the COVID-19 emergency.

U.S. Department of Labor Disaster Recovery National Dislocated Worker Grant funds must be expended in accordance with all applicable federal and state statutes, regulations, policies and guidance pertaining to WIOA and in accordance with all requirements pertaining to NDWGs under WIOA Sec. 107 and 20 CFR part 687 and in accordance with requirement identified in TEGL 12-19.

Under the Workforce Innovation and Opportunity Act (WIOA) PL 113-128, the Governor designated local workforce areas of the State. WIOA funds are distributed to the local areas through Local Workforce Development Boards (LWDB) and County Commissioners who, as the legally designated subrecipients of these funds, award and oversee the delivery of workforce services in the local area using these funds. MDOL/Bureau of Employment Services is the State Workforce Agency through which these funds are passed through to local areas. Workforce training services will be provided to eligible dislocated workers in the service area.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

As stated above, the Governor distributes funds according to Federal law and designates the local areas as recipients of these funds who, in turn procure the delivery of workforce development services through a competitive process. The MDOL/BES oversees and assures that local areas utilize these funds per federal requirements. The Central Western Maine Workforce Board was selected for this grant because COVID-19 is most prevalent in this local area in Androscoggin County.

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

Funding is being allocated to the local area in which the COVID-19 crisis is most dire, specifically Androscoggin county.

The local area submitted a line item budget, participant implementation schedule and budget narrative detailing the use of the funds in accordance with all applicable federal and state statutes, regulations, policies and guidance pertaining to WIOA and in accordance with all requirements pertaining to NDWGs under WIOA Sec. 107 and 20 CFR part 687 and in accordance with requirement identified in TEGL 12-19.

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

This is an emergency grant focused on providing immediate humanitarian relief to individuals affected by COVID-19

PART IV: APPROVALS

Signature of requesting Department's Commissioner
By signing, I signify that I approve of this procurement request.




Printed Name:

Laura A. Fortman

Date:

8/10/2020

Signature of DAFS Procurement Official:

DocuSigned by:


Printed Name:

81084A22906E4FB
Laurie A Andre

Date:

8/21/2020