

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: | | DECD/Economic Recovery Grant Program CARES ACT FUNDING | |
| Department Contract Administrator or Grant Coordinator: | | Sharon Thomas | |
| (If applicable) Department Reference #: | | 19A | |
| Amount: (Contract/Amendment/Grant) | \$5,000,000.00 | Advantage CT / RQS #: | CT 19A 20201103000000001392 |
| CONTRACT | Proposed Start Date: | | Proposed End Date: |
| AMENDMENT | Original Start Date: | 9/28/20 | Effective Date: |
| | Previous End Date: | 12/30/20 | New End Date: |
| GRANT | Project Start Date: | | Grant Start Date: |
| | Project End Date: | | Grant End Date: |
| Vendor/Provider/Grantee Name, City, State: | | Kennebec Valley Council of Governments 17 Main Street Fairfield, ME 04937 | |
| Brief Description of Goods/Services/Grant: | | Amendment to add \$5,000,000 to subaward of Federal CRF funds to support Maine Businesses through the Economic Recovery Grant Program. | |

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

| | | | |
|----------|-----------------------------------|--|----------------------------------|
| | A. Competitive Process | | G. Grant |
| | B. Amendment | | H. State Statute/Agency Directed |
| | C. Single Source/Unique Vendor | | I. Federal Agency Directed |
| | D. Proprietary/Copyright/Patents | | J. Willing and Qualified |
| X | E. Emergency | | K. Client Choice |
| | F. University Cooperative Project | | 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 Department of Economic and Community Development was awarded CARES ACT funding to administer the Maine Economic Recovery Grant Program. This program is a joint venture between Maine DECD, Maine Revenue Services and with Maine's economic development agencies who are assisting with the grant review process and payment distribution to businesses.

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

Maine Economic Development agencies are a network of 7 federally funded agencies who provide support services to Maine businesses statewide. Their connection to the business community provides the vehicle for DECD to facilitate the quick and effective transfer of much needed federal relief funds to thousands of Maine businesses.

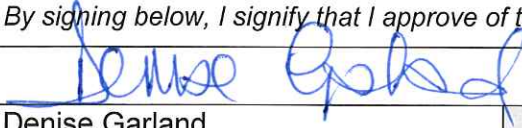
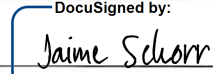
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Economic Development agencies are performing similar grant reviews for businesses under an existing HUD funded program with an administrative cost identified for approved and denied applications. Copying this existing model allowed DECD to access a network of business professionals around the State who could assist in the timely processing of grants for Maine businesses.

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

This is one-time funding.

PART IV: APPROVALS

| | | | |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------|-------------------|
| Signature of requesting Department's Commissioner (or designee): | <i>By signing below, I signify that I approve of this procurement request.</i> | | |
| |  | | |
| Printed Name: | Denise Garland | Date: | November 30, 2020 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small>  | | |
| Printed Name: | Jaime Schorr <small>6D6437764DD0459...</small> | Date: | 12/8/2020 |