

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)	\$15,353,517.17	Advantage CT / RQS #:	CT 19A 20201103000000001394
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	12/4/20
	Previous End Date:	New End Date:	12/30/20
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Greater Portland Council of Governments 970 Baxter Boulevard, Suite 201 Portland, ME 04103	
Brief Description of Goods/Services/Grant:		Amendment to add \$15,353,517.17 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
X	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.

Additional funding totaling \$40 million has been assigned to DECD to be awarded directly to restaurants, bars and taverns, tasting rooms, lodging and /or retail establishments to alleviate the disruption of operations because of operating restrictions as a result of the pandemic.

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.

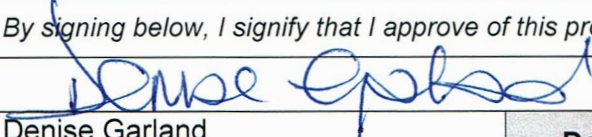
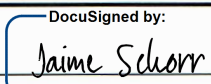
The Economic Development agencies are performing similar grant reviews for businesses under an existing HUD funded program with an administrative cost identified for approved and denied applications. Copying this existing model allowed DECD to access a network of business professionals around the State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

\$30 million was reassigned from the original program and an additional \$10 million added for a total of \$40 million to support a grant program to assist restaurants, bars and taverns, tasting rooms, lodging and /or retail establishments.

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:	December 4, 2020
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	Jaime Schorr <small>8D6437754DD0459...</small>	Date:	12/16/2020