



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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:		DECD/Maine Jobs & Recovery Small Business Grant Program	
Department Contract Administrator or Grant Coordinator:		Jeanne St. Pierre	
(If applicable) Department Reference #:		19A	
Amount: (Contract/Amendment/Grant)	\$ 1,000,000.00	Advantage CT / RQS #:	
CONTRACT	Proposed Start Date:	12/1/2021	Proposed End Date: 3/31/2022
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:		Androscoggin Valley Council of Governments 125 Manley Road Auburn, ME 04210	
Brief Description of Goods/Services/Grant:		This is a subaward of Federal CRF funds to support Maine businesses through the Maine Jobs & Recovery Small Business Grant Program	

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 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

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 Department of Economic and Community Development was awarded ARPA/MJRP funding to administer the Maine Jobs & Recovery Small Business 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. Reference the RFP number, if applicable.

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 hundreds 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 performed similar grant reviews for businesses under prior CARES Act Funding grant programs with an administrative cost identified for approved and denied applications. Copying this existing model allows 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 for this singularly focused ARPA/MJRP grant program.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)


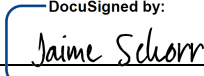
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

Procurement Justification Form (PJF)

The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Heather Johnson	Date:	12/15/2021
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>6D6437754DD0459...</small> Jaime Schorr	Date:	1/12/2022