



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:		Department of Economic and Community Development			
Department Contract Administrator or Grant Coordinator:		Julia Trujillo Luengo			
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)	\$ 10,000	Advantage CT / RQS #:			
CONTRACT	Proposed Start Date:	11/22/2022	Proposed End Date:	11/22/2022	
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:		Live and Work in Maine, 93 Pleasant St Brunswick, ME 04011 US			
Brief Description of Goods/Services/Grant:		Sponsorship for Workforce Attraction event pursuant to Strategic Plan			

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 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 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.

One of the key goals of Maine's 10 Year Economic Development Plan is to attract 75k to its talent pool by 2029. Live and Work in Maine is a key and unique partner to achieve this goal; specially to attract recent college graduates to move to Maine.

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

Live and Work in Maine (LWM) is the only organization in Maine solely dedicated to the attraction of long-term residents to Maine. Their overall efforts - including marketing campaigns, job boards and events – uniquely contribute to Maine's overarching workforce attraction goals.

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

Costs were negotiated taking into consideration the outreach efforts needed to attract the number of people that attended the two major events. These funds also allowed LWM to expand the geographical footprint of the event to the Bangor area.

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

The Governor's Office of Policy, Innovation and the Future has been convening Maine's key state agencies to reach consensus on a well-coordinated workforce development agenda. Workforce attraction efforts will be coordinated and considered within this broader body of work and any future initiatives and events will be competitively solicited as part of other overarching initiatives.

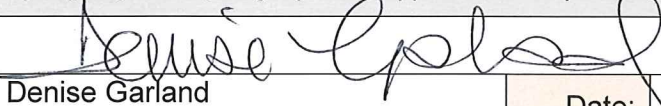
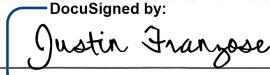
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

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

No – If No, proceed to Part VI

PART V: APPROVALS

Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve of this procurement request.	
		
Printed Name:	Denise Garland	Date: 1-25-23
Signature of DAFS Procurement Official:	DocuSigned by: 	
Printed Name:	AEED9C7B3A8044E... Justin Franzose	Date: 1/26/2023