



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:		Maine Commission for Community Service/Dept of Education	
Department Contract Administrator or Grant Coordinator:		Maryalice Crofton	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,000	Advantage CT / RQS #:	2022030800000002031
CONTRACT	Proposed Start Date:	3/16/2022	Proposed End Date: 12/31/2022
AMENDMENT	Original Start Date:	3/16/2022	Effective Date:
	Previous End Date:	12/31/2022	New End Date: 12/31/2023
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		SISGI Group, LLC Long Beach, CA	
Brief Description of Goods/Services/Grant:		Extended period to complete second phase of effort that includes work with the Commission board and Executive Director on better understanding business processes, capturing roles and responsibilities, and developing documentation that will support institutional transition and knowledge.	

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 checked="" 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.

Under the initial period, the consultant helped the commission board and staff examine how the current outreach, training, grant making, and planning activities that fulfill statutory duties may or may not be as equitable, diverse, or inclusive as they intend. In this period, the consultant will guide the board and staff in an examination of processes, roles/responsibilities, and developing documentation to support changes.

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

The company was identified with the assistance of the national association of state service commissions and reference checks with other states (Massachusetts, Pennsylvania, Connecticut) confirmed this vendor required the least orientation to state service commission responsibilities under state statutes and no required orientation to federal statute duties. The vendor customized the scope of work to take into account learning done by the Commission board + staff in the prior year.

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

Before submitting the 2022 federal work plan, a committee of Commission board members interviewed four potential vendors. Three indicated the goals the Commission had would cost \$25,000 to \$30,000. The selected vendor is provided more than those three for only \$10,000. This extension is for a similar amount and extends the work from learning/awareness phase to action.

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

Should a similar need develop in the future, the Commission would expect to conduct an RFQ.

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

Does this request utilize ARPA/MJRP funds?

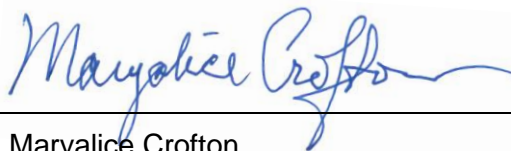
Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):



Typed Name: Maryalice Crofton

Date: 12/27/2022

Signature of DAFS
Procurement Official:

DocuSigned by:
Michelle Fournier

Typed Name: Michelle Fournier

Date: 12/30/2022