



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Maine Department of Labor/State Workforce Board		
Department Contract Administrator or Grant Coordinator:		Kimberly Smith		
(If applicable) Department Reference #:				
Agency Department Code:	12A	Advantage CT / RQS #:	20260107000000001503	
Amount: (Contract/Amendment/Grant)		\$ 15,750.00		
CONTRACT	Proposed/Original Start Date:	1/12/2026	Proposed/Most Recent End Date:	12/31/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Griffen Consulting Inc. 38 Clearwater Road, Chestnut Hill, MA 02467		
Brief Description of Goods/Services/Grant:		Consulting services for 2026 WIOA Plan Modification		

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 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. Higher Education 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.	<p>Griffen Consulting will provide the following services to the Maine State Workforce Board to support strategic planning for the US Department of Labor 2026 WIOA Plan Modification:</p> <ul style="list-style-type: none"> -Develop planning process and related timeline to engage a range of stakeholders in developing the plan modification. -Identify data needed for the modification and work with CWRI on assembling it. -Meet with SWB and DOL staff to identify and consider strategic directions for the plan modification that will benefit Maine’s employers and job seekers, including potential waiver requests; -Work with SWB Director to identify and meet with external stakeholders, including local workforce boards and state agencies engaged in workforce activities; -Work with SWB Director to implement a limited employer engagement strategy; -Develop and internal strategic framework for the modification, and an externally facing document to share with stakeholders.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.	<p>Griffen Consulting has been working with MDOL/State Workforce Board over the last two years and brings a wealth of experience in workforce development and WIOA plan development.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>Griffen Consulting rate has remained relatively flat and is in line with rates charged by other entities.</p>
4. Describe the plan for future competition for the goods or services.	<p>This work is only needed on a one-time basis.</p>

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

Does this request utilize ARPA/MJRP funds?

 Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s). Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies. No – If No, proceed to Part V.**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE***Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).* The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.**PART VI: APPROVALS**

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

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

Typed Name:

Kimberly Smith

Date:

1/8/2026

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

****OSPS Section Only****Signature of DAFS
Procurement Official:DocuSigned by:

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Typed Name:

Thomas Paquette

Date:

1/8/2026