



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/Economic Recovery Grant Program CARES Act Funding	
Department Contract Administrator or Grant Coordinator:		Jeanne St. Pierre	
(If applicable) Department Reference #:		19A	
Amount: (Contract/Amendment/Grant)	\$ 659,225.49	Advantage CT / RQS #:	CT19A20201103000000001393
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	9/28/2020	Effective Date:
	Previous End Date:	12/30/2020	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Northern Maine Development Commission P. O. Box 779 Caribou, ME 04736	
Brief Description of Goods/Services/Grant:		Amendment to add \$659,225.49 to subaward of Federal CRF funds to support Maine businesses through the Economic Recovery 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 checked="" 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 (DECD) 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 has been assigned to DECD to support Maine businesses who experienced disruption of operations because of operating restrictions due to the COVID-19 pandemic. Funds will be used to increase awards made under DECD's earlier tourism-based Economic Recovery Grant Program.

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 seven 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 were 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. The EDD's have been critical partners in the review process and distribution of awards for a number of CARES Act funded economic recovery grants administered by DECD.

Additional funding was assigned to DECD to support an earlier tourism-based Economic Recovery Grant Program.

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


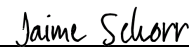
This is one-time funding.

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:	Heather Johnson, Commissioner	Date:	1/21/2022
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <small>DocuSigned by:</small>  </div>		
Typed Name:	<small>6D6437754DD0459...</small> Jaime Schorr	Date:	2/14/2022