



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.

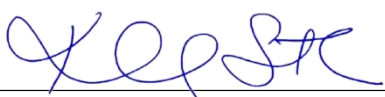
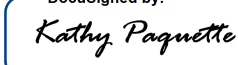
PART I: OVERVIEW			
Department Office/Division/Program:	Labor		
Department Contract Administrator or Grant Coordinator:	Christopher Quint		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 13,000	Advantage CT / RQS #:	CT 12A 20220111*1665
CONTRACT	Proposed Start Date:	1/31/2022	Proposed End Date: 12/31/2022
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:	12/31/22	New End Date: 6/30/23
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Griffen Consulting, Inc., Chestnut Hill, MA		
Brief Description of Goods/Services/Grant:	Workforce policy development		

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 checked="" type="checkbox"/>	G. Grant
x	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
	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.	
<p>The Department of Labor and the State Workforce Board are addressing workforce issues in the State of Maine. The efforts include restructuring the Board subcommittees and developing initiatives that support the Maine Jobs and Recovery Plan. Much of the facilitation has occurred with the support of subcontractor time donated by the John T. Gorman Foundation. Moving forward, the Foundation is providing funding to continue the work in lieu of directly providing contracted staff.</p>	
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
<p>The work has been performed since 2019 and will continue through June 2023. In order to build upon work already completed, the Department will continue working with the same contractor as provided through the John T. Gorman Foundation.</p>	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
<p>The Department is continuing the work at the same rate paid by the John T. Gorman Foundation.</p>	
4. Describe the plan for future competition for the goods or services.	
<p>Upon completion of this work, no further services are anticipated.</p>	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	Kimberly Smith, Deputy Commissioner	Date:	1/30/23
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	Kathy Paquette	Date:	2/7/2023