



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:		DHHS/OADS/DS/Lisa Sturtevant		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Brianne Carrero		
(If applicable) Department Reference #:		ADS-24-9780		
Amount: (Contract/Amendment/Grant)		\$ 15,000.00	Advantage CT / RQS #:	CT-10A-20231206000000001640
CONTRACT	Proposed Start Date:	1/1/2024	Proposed End Date:	3/31/2025
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:		Maine Developmental Disabilities Council Augusta, ME		
Brief Description of Goods/Services/Grant:		Microgrants for Business Start Ups		

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. 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 purpose of this agreement is to provide micro grants of up to \$1000 to people with disabilities to cover some of the costs associated with launching their small business venture. All micro grant recipients will be participants of the Self-Employment for ME Pilot Project, and have completed the course, created an approved small business plan and be a waiver member.
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	The Maine Developmental Disabilities Council (MDDC) partners with people with disabilities, their families, and agencies to identify barriers to community inclusion, self-determination, and independence. MDDC acts to effect positive change through advocacy, training, demonstration projects, and support for other inclusive and collaborative systemic change activities. MDDC also promotes the expansion of opportunities for individuals with developmental disabilities to actively participate in community life and works to eliminate barriers that impact independence and inclusion of people with developmental disabilities. MDDC is an active member of the Self-Employment for ME advisory group and has the business infrastructure needed to oversee the administration of the micro grants.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	<p>\$12,000 of the total allocation will be dispensed to Waiver Members to start their own business and \$3,000 will go towards the administration/support of the monies to applicants. Administrative costs include review of funding requests from waiver members, allocation of the monies following agreed upon process, and tracking of all grants and who received the funding.</p> <p>OADS staff have met with MDDC and discussed the Scope of Work and together have developed a proposed budget and deliverables (see below):</p> <ul style="list-style-type: none"> • The Maine Developmental Disabilities Council will act as the distributor of micro grants to Waiver Members who have successfully completed an 8-week series of business classes focusing on self-employment. • The MDDC will partner with OADS to develop an application process for the micro grants, including establishing the criteria for approval of individual grants, developing a system to review applications, and establishing a structure to administer and distribute funds to individuals who have been approved to receive one of the micro grants.
4.	Describe the plan for future competition for the goods or services.
	These funds will no longer be available after 3/31/2025, so there is no plan for future competition.

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

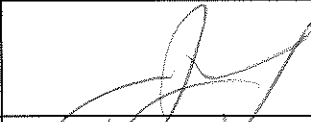
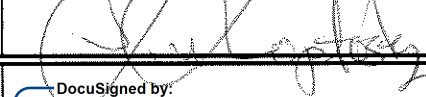
Does this request utilize ARPA/MJRP funds?

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:		Date:	18-July-24
Signature of DAFS Procurement Official:	DocuSigned by:  William J.E. Allen 2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	2/2/2024

NOI 0220240128 02/02/2024 - 02/08/2024