



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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:		Christopher Quint		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 6,000.00	Advantage CT / RQS #:	CT 12A 2025*1873	
CONTRACT	Proposed Start Date:	2/10/2025	Proposed End Date:	7/31/2025
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:		Griffen Consulting Inc. 38 Clearwater Road, Chestnut Hill, MA 02467		
Brief Description of Goods/Services/Grant:		Consulting services for career pathway mapping		

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 Department is developing career pathway maps to support job seekers with career exploration, job planning, work-based learning opportunities, living assistance, postsecondary pathway selection, and academic planning.

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

Griffen Consulting has experience in career mapping with other states and organizations. Her past work with MDOL/State Workforce Board would reduce the time needed to implement the project, as there is existing knowledge of departmental programs and procedures.

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

Griffen Consulting rates have remained the same over the duration of work with MDOL/State Workforce Board. The total cost is relatively minor.

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

Upon completion of this work, no further services are anticipated.

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) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.


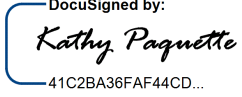
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kimberly Smith	Date:	2/7/2025
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	2/18/2025