



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- BES		
Department Contract Administrator or Grant Coordinator:		Angelina Klouthis Jean		
(If applicable) Department Reference #:		NA		
Amount: (Contract/Amendment/Grant)		\$ 198,500	Advantage CT / RQS #:	CT12A 20250422000000002474
CONTRACT	Proposed Start Date:	12/1/2024	Proposed End Date:	7/31/2026
AMENDMENT	Original Start Date:	12/1/2024	Effective Date:	12/1/2024
	Previous End Date:	7/31/2026	New End Date:	10/31/2026
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		The Academy of Medical Professions, Brunswick ME		
Brief Description of Goods/Services/Grant:		The Academy of Medical Professions will train 70 Certified Medical Assistants, 20 Dental Assistants, and 16 Phlebotomists who are current or separated patient facing healthcare workers		

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 type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice

<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization
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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 contract is to continue investments in training and stackable credential attainment for incumbent frontline healthcare workers in patient facing roles who live in Maine. The Provider has a unique ability to support local Adult Education programs, employers, and current health workers through their unique hybrid teaching model.

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

The Academy of Medical Professions has a proven track record working with Tuition Remission. Since the start of the program they have trained 199 eligible Tuition Remission clients. This contract will support an additional 48 unique healthcare workers to meet the goals of the program. The Academy of Medical Professions is committed to identifying eligible candidates, support MDOL with all program data collection needs, resulting in demonstrated wage gain and continued employment. This training provider has met the needs of numerous employer, adult education, and incumbent workers in the Tuition Remission program as the lowest cost training provider in Maine. To ensure good value for Maine, this contract encumbers funds for eligible students to meet the goals of the Tuition Remission Program.

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

This contract guarantees the lowest price for these training opportunities available with clinicals in Maine.

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

The Business Case (H.23.1- ARPA Tuition Remission) approving use of these one-time MJRP/ARPA funds. At this time there is no plan to continue this funding/project beyond the contract period.

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.


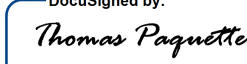
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 A. Smith, Deputy Commissioner	Date:	2/24/2026
Signature of DAFS Procurement Official:	DocuSigned by:  249502C7B71A49A...		
Typed Name:	Thomas Paquette	Date:	2/25/2026