



## 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:		DVEM / BVS		
Department Contract Administrator or Grant Coordinator:		Justine Hutchings, Business Manager		
(If applicable) Department Reference #:		RFP# 201810210		
Amount: (Contract/Amendment/Grant)		\$ 20,000	Advantage CT / RQS #:	20190429*3170
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	<b>5/6/2019</b>	Effective Date:	8/1/2021
	Previous End Date:	<b>6/30/2022</b>	New End Date:	6/30/2022
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		American Legion 5 Verti St. Winslow, ME 04901		
Brief Description of Goods/Services/Grant:		Veterans Emergency Financial Assistance Program (VEFAP)		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input checked="" 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

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.

We are legislatively obligated to distribute \$250,000 annually as part of the Veterans Emergency Financial Assistance Program, VEFAP. We utilized the State's RFP process and selected two recipients; the American Legion is one of the two.

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

RFP process was used. This vendor has an extensive history of assisting the State of Maine's veterans and has the capacity to execute the mission of this program.

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

RFP process was used. American Legion is reimbursed at cost.

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

The Maine Bureau of Veterans' Services will continue to utilize the state's RFP process to encourage future competition after our third renewal

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


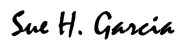
Does this request utilize ARPA/MJRP funds?

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):	 Digitally signed by Young, Scott Date: 2022.03.22 16:02:27 -04'00'		
Typed Name:	Scott A. Young, Deputy Commissioner	Date:	3/22/22
Signature of DAFS Procurement Official:	DocuSigned by:  E5DB92AC0F8D490...		
Typed Name:	Sue H. Garcia	Date:	3/25/2022