



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/Bureau of Employment Services		
Department Contract Administrator or Grant Coordinator:	Judith Pelletier		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$43,560	Advantage CT/RQS #:	CT 12A 20230130000000001985
CONTRACT	Proposed Start Date:	3/1/2023	Proposed End Date: 6/30/2023
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:	Goodwill Industries of Northern New England, Gorham, ME		
Brief Description of Goods/Services/Grant:	Peer Support Worker for displaced workers due to fire.		

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 checked="" 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.

Abbotts sudden layoff of temp workers the end of January displacing over 750 employees. There will be a need for additional staffing to provide immediate services to these workers. We need to hire, train, and provide at least two and maybe three peer support workers to help these displaced employees. The peer support workers will work at local CareerCenter, local Goodwill office and provide quick efficient services to affected workers.

Additionally, a Peer Support Worker is required by Title 26, Chs. 26-A §2062. Peer Support Projects

1. Initiation of project. When 100 or more employees of a single employer are laid off, the department shall initiate a peer support project to assist the affected employees. The department may initiate a project when 50 or more employees are laid off if the bureau determines that a peer support project is warranted, after considering the particular needs of the affected workforce and the affected communities. [PL 1999, c. 506, §1 (NEW); PL 1999, c. 506, §3 (AFF).]

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

Goodwill Industries will provide onsite training assistance to peer support utilizing their years of experience with this program due to their being the chosen provider for the area under the Workforce Innovation and Opportunity Act. Due to the demand for these services, it is necessary to have continuity of services to already laid off workers. Goodwill Industries can respond quickly providing on site assistance to peer support workers in this part of the state.

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

A Line-Item Budget was provided by Goodwill Industries. This cost was compared with similar expenses of other contracts and found to be reasonable.

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

Due to the immediate need for these services, there is not a 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:	Kimberly Smith, Deputy Commissioner	Date:	3/9/2023
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	3/13/2023