



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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:		Maine Department of Labor – Bureau of Employment Services	
Department Contract Administrator or Grant Coordinator:		Kimberley Moore	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 25570.55	Advantage CT / RQS #:	RQS 12A: 20230130000000000926
CONTRACT	Proposed Start Date:	2/6/2023	Proposed End Date: 3/31/2024
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:		Dynamic Works, 237 South St, #101, Waukesha, WI 53186	
Brief Description of Goods/Services/Grant:		Online Training Provider for the National Association of Workforce Development Professionals.	

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

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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.

NAWDP developed the Certified Workforce Development Professional (CWDP) certification using research based on the job requirements of a wide range of workforce development roles. This training, in combination with the employee's recent work experience will allow the employee to be eligible to become a Certified Workforce Development Professional, which is recognized throughout the industry.

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

This is the only vendor that offers this type of certification in an online, self-paced format.

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

The Department was awarded a scholarship through the Maine Community College Systems – Alford Compact which pays for this training in full. 100% (25,570.55) of the cost will be paid with this scholarship. The Department has already received a check from the Maine Community College Systems – Alford Compact for a portion of this cost (16,487.28). The remainder (9083.27) will be paid to us by the Maine Community College Systems – Alford Compact once they are notified that all employees have completed the training.

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

Dynamic Works is the one providing this certification. No further competition is planned.

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

Date: 3/9/2023

Signature of DAFS
Procurement Official:

DocuSigned by:



Typed Name: Joseph Zrioka, Director of IT

Date: 3/10/2023

Procurement