



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:	MDOL- BES			
Department Contract Administrator or Grant Coordinator:	Angelina Klouthis Jean			
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 276,600	Advantage CT / RQS #:	CT 12A 20230308000000002287	
CONTRACT	Proposed Start Date:	03/01/2023	Proposed End Date:	12/31/2024
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:	Hope Acts, Portland ME			
Brief Description of Goods/Services/Grant:	The contract will support the Hope House worker permit events to help people obtain and retain employment through support to file employment authorization documents.			

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
X	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.	
<p>The purpose of this Contract is to support the Hope Acts work permit clinic through MDOL's Workers Fund, which aims to improve employment outcomes for those affected by the COVID-19 pandemic, with a focus unemployed, underemployed and workers of color. The asylum seeker community in Maine, primarily composed of individuals and families from Africa and the Middle East—with approximately 90% of recent arrival asylum seekers from Angola, Democratic Republic of Congo, Djibouti, Burundi, Rwanda, Afghanistan, and Ukraine faced unprecedented barriers during the pandemic related to housing access and immigration, both of which continue to affect the communities' ability to connect to and retain stable employment. Without a valid and up-to-date work permit, asylum seekers are unable to work--though legal, language, and logistical barriers prevent asylum seekers from easily acquiring and renewing their work permits. Application instructions are especially challenging for individuals with limited English language comprehension and minor errors, such as signing an application with a blue pen instead of black ink, can cause the application to be rejected.</p> <p>The clinic supports 600-700 applications annually for community members referred by ILAP, the city of Portland, refugee service providers, and other social service agencies. Through their base of trained volunteers and program staff, Hope Acts provides translation support, covers the costs of passport photos and certified mail, and assists first-time applicants in applying for social security numbers. Nearly all work permit applications submitted through the Hope Acts clinic are accepted by USCIS—including both first-time applicants and one-half filing for renewal.</p>	
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
Hope Acts is the only organization in the Greater Portland area offering this support at this time.	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
Hope Acts outlined the project need and provided a detailed budget necessary to support the project. The program will serve at least 1,000 people and the cost per person is considerably lower than other workforce programs.	

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

The Business Case (P.52.2- Workers Fund) approving use of these one-time MJRP/ARPA funds was approved on December 5, 2022. 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 – 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):	
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Typed Name:	Kimberly Smith	Date:	3/8/2023
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Signature of DAFS Procurement Official:	
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Typed Name:	kathy Paquette	Date:	3/15/2023
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