



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		
Department Contract Administrator or Grant Coordinator:	Kimberly Smith		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 30,000	Advantage CT / RQS #:	CT 12A 2023*2305
CONTRACT	Proposed Start Date:	3/20/2023	Proposed End Date: 9/30/2023
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:	Susan M. Gallant, Falmouth, Maine		
Brief Description of Goods/Services/Grant:	The purpose of this Contract is to create focus and alignment toward a shared direction. We will develop a plan that MDOL leadership can use to guide daily decision making and accountability.		

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



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 Department has a need to create focus and alignment toward a shared direction and that will guide daily decision making and accountability. The process of developing this plan will result in greater clarity, consensus and commitment to the values and direction of MDOL, and prepare the department leadership to lead transformational change in how programs are designed and delivered.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>The Department has past experience with this vendor.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The vendor provided a discounted rate for state government services.</p>
4. Describe the plan for future competition for the goods or services.	<p>This is a relatively short-term contract with minor costs. For longer-termed services, the Department would seek options or issue a RFP.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	3/13/2023
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA30FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	3/17/2023