



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:		Department of Economic & Community Development	
Department Contract Administrator or Grant Coordinator:		Joe Niesen	
(If applicable) Department Reference #:		K.35.2	
Amount: (Contract/Amendment/Grant)	\$ 1,140,000	Advantage CT / RQS #:	CT19A20230227000000002166
CONTRACT	Proposed Start Date:	3/1/2023	Proposed End Date: 6/30/2025
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:		BlueHub Capital, Inc. Boston, MA	
Brief Description of Goods/Services/Grant:		Working Communities Challenge Program	

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.

The Working Communities Challenge (WCC) advances local collaborative efforts that build strong, healthy economies and communities in Maine's rural towns, regions, and smaller cities. This investment from Maine Jobs & Recovery Plan (MJRP) will add to approximately \$7 million in non-MJRP funding. These funds will enable communities to expand targeted support for workforce development specific programming in six low- and moderate-income areas working to recover from negative economic impacts of the pandemic.

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

The Federal Reserve Bank of Boston will be the subrecipient for the funding in this business case. They will deploy the funds to 6 Maine communities and community organizations following project development and assessment. The Federal Reserve Bank will be responsible for administering all subawards, monitoring compliance, and facilitating reporting consistent with UST requirements.

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

This multimillion-dollar effort is funded by the Federal Reserve Bank of Boston, The State of Maine, and national and local philanthropy. The provider listed on this document shall act as the fiduciary agent.

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

Additional funding is not expected at this time.

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:	Heather Johnson	Date:	2/24/2023
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	2A644AF5681F482... David Morris	Date:	3/27/2023

