



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:	Department of Health and Human Services- Office for Family Independence			
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Storm Dexter			
(If applicable) Department Reference #:	OFI-25-023			
Amount: (Contract/Amendment/Grant)	\$ 41,828.00	Advantage CT / RQS #:	CT-10A-202501160000OFI25023	
CONTRACT	Proposed Start Date:	<b>2/1/2025</b>	Proposed End Date:	<b>9/30/2025</b>
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:		Full Plates Full Potential Brunswick, ME		
Brief Description of Goods/Services/Grant:		SNAP Outreach		

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 Department has determined that SNAP Outreach services are crucial to reach food insecure Mainers who may be eligible for SNAP benefits and does not have staffing resources to conduct this community outreach. The community work conducted by this provider to multiple food pantries is integral to reaching those Mainers and informing them of and assisting them with applying for SNAP benefits.

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

Maine rates first in New England and sixth in the nation for very low food security (Maine Hunger Initiative, <https://www.preblestreet.org/what-we-do/advocacy/maine-hunger-initiative/>.) The Department lacks sufficient staff resources to conduct outreach to potentially SNAP eligible populations directly and seeks formal contracts through community agencies conducting that work. Maine seeks community partners conducting outreach and assisting food insecure Mainers with SNAP applications. Maine OFI staff recently conducted environmental scan interviews with 38 potential agencies to assess their current SNAP Outreach work and capacity to contract with the Department to conduct SNAP Outreach.

SNAP Outreach providers will be subject to qualifications that include demonstrating that they have the capacity to do SNAP Outreach following USDA-FNS guidelines, have non-federal funds dedicated for this 50% reimbursement program, and have the administrative capacity to comply with State and federal contract and plan requirements.

The Department has determined that this Provider is qualified and has unique access and relationships with schools and community family programs and already conducts outreach of this type. This Provider also has a non-federally funded grant that allows them to provide 50% of the funding for the actual and allowable costs of this work.

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

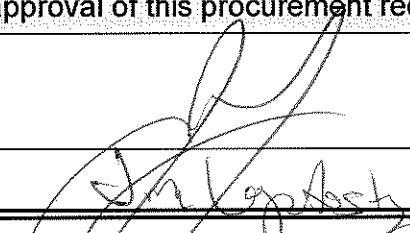
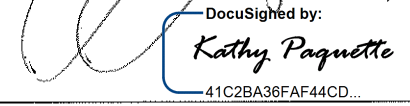
The Department reviewed the rates and budget and determined them fair and reasonable. The Provider is being reimbursed for 50% of their allowable costs for these services and is contributing 50% non-federal funds to this initiative.

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

The Department will enroll Willing and Qualified Providers for SNAP Outreach contracting in Maine.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.	

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department’s Commissioner (or designee):			Date:
Typed Name:			7-Mar-25
Signature of DAFS Procurement Official:			Date:
Typed Name:			Kathy Paquette