

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS- Office for Family Independence- SNAP E&T		
Department Contract Administrator or Grant Coordinator:		Matt Galletta/Kristen King		
(If applicable) Department Reference #:		OFI-21-014		
Amount: (Contract/Amendment/Grant)	\$ 42,539.30	Advantage CT / RQS #:	10A 20210317*2462	
CONTRACT	Proposed Start Date:	5/1/2021	Proposed End Date:	9/30/2022
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:		Aroostook County Community Action Program Presque Isle, Maine 04769		
Brief Description of Goods/Services/Grant:		SNAP Employment and Training services		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

Maine Food Supplement program is required by federal guidelines to provide Employment and Training Services for Food Supplement recipients to assist them in finding sustainable employment. This Provider delivers Employment and Training services in the Aroostook County area.

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The Department's Office for Family Independence has determined the Provider is willing and qualified. Employment and Training services for low-income populations are specialized services and ACAP has unique capacity and experience to provide these services for the intended population.

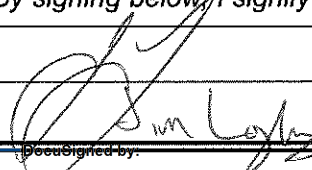
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Department reviewed the budgets presented by the Provider and finds them reasonable and necessary to support the employment and training needs of its Food Supplement clients. The services will be funded and/or matched by the United States Department of Agriculture- Food and Nutrition Services. There are no state dollars funded by this agreement.

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

The Department is accepting providers who are willing and qualified to provide the services required. The Department does not intend to RFP these services.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	5-Apr-21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	4/23/2021