

**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:		Professional and Financial Regulation, Bureau of Consumer Credit Protection	
Department Contract Administrator or Grant Coordinator:		William N. Lund, Superintendent.	
(If applicable) Department Reference #:		VC1000097566	
Amount: (Contract/Amendment/Grant)	\$70,000.00	Advantage CT / RQS #:	2022033100000002285
CONTRACT	Proposed Start Date:	3/21/2022	Proposed End Date: 3/20/2023
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:		York County Community Action Program, 6 Spruce Street, Sanford, ME 04073	
Brief Description of Goods/Services/Grant:		Providing counseling and assistance to homeowners experiencing hardships resulting from the coronavirus pandemic and assisting the Bureau with application review and processing	

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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 Bureau is responsible for the administration of Maine's Homeowner Assistance Fund (HAF) program, which will make grants of funds provided by the United States Department of the Treasury as authorized by section 3206 of the American Rescue Plan Act of 2021. These grants will be provided to help homeowners experiencing financial hardships resulting from the coronavirus pandemic. Such hardships may include payments due on mortgages, municipal property taxes, utility and heating costs, and homeowner's insurance. The Bureau will be partnering with non-profits throughout the state to assist homeowners with the HAF application process and identifying and applying for any available "loss mitigation" programs as well as assist the Bureau with processing applications.

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

The Bureau has successfully contracted with non-profits to provide housing counselor services for foreclosure prevention. Each selected vendor has experience with housing counseling. Contracts are offered to all qualified non-profits throughout the state to ensure availability in all geographic regions.

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

Contracting with the existing network of non-profit housing counselors will be more cost efficient than hiring and training additional temporary staff or temporary contract employees. The Bureau will negotiate with all willing and qualified vendors to establish a rate per service area (i.e. counseling, loss mitigation assistance, underwriting, legal) that will be consistent among all providers.

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

These services are being procured for a specific one-time purpose. The Bureau has and will continue to work with all willing and qualified vendors. All contracts require detailed monthly reporting of services provided to ensure all vendors are meeting performance expectations.

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):	<i>Anne L. Head</i>		
Typed Name:	Anne L. Head	Date:	3/21/2022
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Debbie Jacques</i>		
Typed Name:	<small>1DFA565D481F42E...</small> Debbie Jacques	Date:	4/5/2022