

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: | | | Permanent Commission on the status of Racial, Indigenous, and Tribal Populations | | | | | | |
| Department Contract Administrator or Grant Coordinator: | | | Hunter Cropsey, Acting Operations Director | | | | | | |
| (If applicable) Department Reference #: | | | N/A | | | | | | |
| (Contract/Ame | Amount: ndment/Grant) | \$ 37,97 | 975.00 Advantage CT / RQS #: 20240328 | | 0328000000002666 | | | | |
| CONTRACT | Proposed Sta | art Date: | | Proposed End Date: | | | | | |
| AMENDMENT | Original Start Date: | | | | Effective Date: | | | | |
| | Previous End Date: | | | | New End Date: | | | | |
| GRANT | Project Start Date: | | | | Grant Start Date: | | | | |
| GRANT | Project End Date: | | Grant End I | | Date: | | | | |
| Vendor/Provider/Grantee Name, City, State: | | | Maine-Wabanaki REACH Stillwater, ME | | | | | | |
| Brief Description of Goods/Services/Grant: | | | To provide a series of trainings for Maine State Government staff, policy makers, and other relevant communities about Wabanaki-Maine history and allyship. | | | | | | |

PART II: JUSTIFICATION FOR VENDOR SELECTION Check the box below for the justification(s) that applies to this request. (Check all that apply.) A. Competitive Process G. Grant \square

| | B. Amendment | H. State Statute/Agency Directed |
|-------------|-----------------------------------|----------------------------------|
| \boxtimes | C. Single Source/Unique Vendor | I. Federal Agency Directed |
| | D. Proprietary/Copyright/Patents | J. Willing and Qualified |
| | E. Emergency | K. Client Choice |
| | F. University Cooperative Project | 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 Provider shall partner with the Permanent Commission (the department; agency) executing a training series for Maine State Government employees, policy makers, and other relevant communities designed to educate regarding Wabanaki-Maine history and allyship. This education series will include trainings on "Interacting with Wabanaki-Maine History," "Decolonizing Non-Native Communities," and "Dawnland" (documentary) screenings and panel discussions.

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

To the department's awareness, Wabanaki REACH is the only organization available in the State of Maine with a robust and tested platform of Wabanaki-Maine history and education trainings. Moreover, these training is available to the Permanent Commission at a low market rate. For these reasons, the agency has selected Wabanaki REACH as a single source.

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

Negotiated costs are at market rate for the training and education services offered by Wabanaki REACH.

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

This is a pilot effort to provide Wabanaki-Mains history and education to state employees. The Permanent Commission will observe the degree of state staff demand for such training before deciding whether to carry the project forward. At that juncture, future competition may be considered depending on the status of the market for such training at that time.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

 \boxtimes Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

□ Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

 \Box 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): | Hunter Cropsey | | |
|--|--|-------|-----------|
| Typed Name: | Hunter Cropsey, Acting Operations Director | Date: | 4/12/24 |
| Signature of DAFS Procurement Official: | DocuSigned by: Thomas Paquette 249502C7B71A49A | | |
| Typed Name: | Thomas Paquette | Date: | 4/22/2024 |