



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:		Professional and Financial Regulation	
Department Contract Administrator or Grant Coordinator:		Anne Head, Commissioner	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 45,165,321.00	Advantage CT / RQS #:	
CONTRACT	Proposed Start Date:	3/6/2023	Proposed End Date: 12/31/2026
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:		Maine State Housing Authority, Augusta, Maine	
Brief Description of Goods/Services/Grant:		Homeowners Assistance Fund under ARPA	

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 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 Homeowner Assistance Funds were originally granted to the Bureau of Consumer Credit Protection within the Department of Professional and Financial Regulation. Once operating it became apparent that BCCP was not large enough to administer the program. Maine Housing is familiar with administering grants and has the capacity to do so,

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

Maine Housing has been administering federal grants for a long period of time, Maine Housing has administered other ARPA grants.

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

Limitations on expenditures for administrative costs are set out in the HAF program guidelines. All grant funds are committed to Maine Housing to be distributed per HAF guidelines with the exception of funds retained by DPFR for audit and supervision of the program.

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

This is a one-time plan.

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):

Anne L. Head

Typed Name:

Anne Head

Date:

4/12/2023

Signature of DAFS
Procurement Official:

DocuSigned by:

Brandon Martin

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Typed Name:	Brandon Martin	Date:	5/23/2023
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