



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:		DHHS / OFI / General Assistance	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		OFI-24-020	
Amount: (Contract/Amendment/Grant)	\$ 50,000.00	Advantage CT / RQS #:	CT 10A 20240321*2563
CONTRACT	Proposed Start Date:	4/1/2024	Proposed End Date: 6/30/2024
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:		RYSE LOCAL VENTURES LLC Washington DC	
Brief Description of Goods/Services/Grant:		General Assistance Training Assessment and Recommendations	

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 of Health and Human Services (Department) requires an independent assessment of the training provided to and for municipalities that administer the Municipal General Assistance (GA) Program pursuant to 10-144 C.M.R. Chapter 323.

GA is a program administered in partnership between the OFI and Municipalities in the State. In SFY2023, \$42.9M in total GA benefits were issued by Municipalities to Maine residents in need. Each Municipality is required to administer GA benefits to their local residents who apply for GA. The Municipality reviews the application and supporting documents in order to determine the Applicant's eligibility. If the Applicant is determined eligible, the Municipality calculates a budget and determines the correct benefit amount and issues a voucher to the Applicant for the service. The Applicant may use the voucher as payment toward the service in which GA benefits were approved (such as housing, heating, electricity, food, etc.). The service provider is reimbursed by the Municipality and the Municipality is reimbursed by the Department for its proportion of the GA benefits administered.

Training provided to the Municipalities administering GA includes voluntary training provided at no cost by the Department to new and existing administrators, and optional training provided at cost by the Maine Welfare Directors Associations on a standard frequency.

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

This vendor has provided similar evaluation services to the Department through RFP # 202307165, Evaluation of the COVID-19 Equity Programs. The Department determined that the unique qualifications of this vendor are necessary for this specific work based on stakeholder feedback the Department received directly. This vendor has extensive experience in applied research methods and landscape analyses; designing, leading and analyzing data from interviews and focus groups, specifically those that aim to uncover the needs of and barriers experienced by traditionally marginalized populations and has a deep commitment to equitable economic opportunity and social justice.

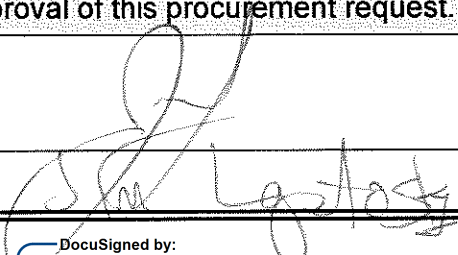

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The negotiated cost is fair and reasonable based on the comparable prior project that the vendor accomplished for the Department.

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

There is no expected need for future services of this specific nature related to the General Assistance Program. The Department does not intend to RFP this service.

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: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Steve Legatos	Date:	14 - May - 24
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	5/22/2024