

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS / OFI / TANF Program		
Department Contract Administrator or Grant Coordinator:		Matt Galletta/Shawn Belanger		
(If applicable) Department Reference #:		OFI-21-007		
Amount: (Contract/Amendment/Grant)	\$836,000.00	Advantage CT / RQS #:	CT 10A 20210428000000002974	
CONTRACT	Proposed Start Date:	6/1/2021	Proposed End Date:	6/30/2023
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:		Penquis CAP, Inc. Bangor, ME		
Brief Description of Goods/Services/Grant:		TANF Asset Building Services – Family Development Accounts (FDA)		

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
X	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

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.

The agreement supports the Maine Family Development Account (FDA) Program. The funding under this agreement allows Penquis CAP, Inc. as the FDA fiduciary agent to extend enrollment to TANF eligible families and to offer a higher savings match benefit. The services from this agreement – Asset Building Services for TANF Eligible Families, requires low income families to save for designated time periods in order to gain matching funds / benefits. The two options are a minimal savings time frame of six months to be eligible for a \$2,000 match or save for twelve months and be eligible for a \$4,000 match. This requires FDA partner agencies to provide outreach and assessment to potential participants well in advance of the agreement end. Renewing this agreement allows more individuals the opportunity to enroll and allows this agency to meet the initial contractual recruitment goal of 170 families. 91 TANF eligible families are currently being served and will roll to the new agreement to complete their savings program.

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PART III: SUPPLEMENTAL INFORMATION

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

Penquis CAP, Inc. is the fiduciary and administrative organization for the members of the Maine FDA (Family Development Account) Coalition. As such, it is the unique Maine agency which oversees operations, manages, and monitors the FDA program in Maine. The University of Maine is authorized to operate the Family Development Account Program pursuant to 20-A MRSA §10981 - §10982. Through this authority the University of Maine establishes contracts with service provider agencies and financial institutions to operate the FDA program.

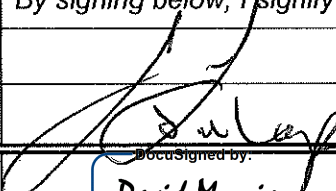
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The majority of the funding on this agreement will be provided to low income families as match, when they meet their savings goal. A small portion is included for administrative costs associated with establishing savings plans and accounts for participants, as well as providing financial literacy training to participants, increasing the likelihood that savings goals are met, and participants are successful.

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

If the FDA Coalition and the University of Maine, pursuant to 20-A MRSA §10981 - §10982 selects to change the fiduciary and administrative agent for Maine's FDA Program changes from Penquis CAP, Inc, to another agency, the Department will determine the need for service continuation and negotiate an agreement with the new agent, if needed. 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:	9-14-21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>David Morris</i>		
Printed Name:	<small>2A644AF5681F482...</small> David MORRIS	Date:	6/17/2021