



**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- Office for Family Independence		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque Brianne Carrero		
(If applicable) Department Reference #:		OFI-23-008A		
Amount: (Contract/Amendment/Grant)	Original: \$1,086,239 Amendment: \$185,730 New Total: \$1,271,969	Advantage CT / RQS #:	CT 10A 20220808000000000436	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/1/2022	Effective Date:	3/1/2023
	Previous End Date:	<b>9/30/2024</b>	New End Date:	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Goodwill NNE Gorham, ME		
Brief Description of Goods/Services/Grant:		SNAP Employment and Training Services		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" 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 Department received notification on 1/31/23 from its federal funder (USDA-Food and Nutrition Services) that the proposed pilot to be conducted by GWNNE is funded in the first year at 100% for FY'23 ending September 30, 2023, for a total of \$92,865. The Department will fund the ongoing project at 50% of allowable costs starting October 1, 2023 through September 30, 2024, adding \$92,865 for FFY'24. The total amendment for two years is \$185,730.00.

This pilot will provide education and training for SNAP E&T participants. This model incorporates basic education and occupational skill training while participating in a social enterprise. Participants will have the opportunity to be a part of an enterprise that will provide them with skills and knowledge needed to find and retain sustainable employment. This pilot will be the first step in building an enterprise that will generate non-federal revenue to support ongoing programming.

Participants will participate in all aspects of production to sales floor. It will include hands on experience and skill training not only in the use of hand tools to create a product but also the skills needed for tracking inventory, shop maintenance, processing orders and customer service. The rolling cohort of 18 participants will spend 50% of their time in classroom based basic skills education to work towards their Hi-Set or increase their basic skills needed to continue onto post-secondary education/training. The other 50% of time will be spent in the shop learning power tools, construction skills, inventory management, customer service, and logistics (getting product to sales floor). This pilot will be up to a 12-week full time training that will prepare individuals for employment, apprenticeship opportunities, and post-secondary occupational skill training. The goal of the pilot is to build a sustainable enterprise that supports participants in their skill building and employment goals. The pilot will have a basic education teacher and a construction manager to provide training. The pilot will be for 6 months with 3 months of intense programming. The remaining months will be for pilot start up, participant recruitment and support to participants in their transition to employment/apprenticeship/post-secondary education following the 12-week training. This pilot will develop soft skills that are needed in the workforce including job search training, time management, appropriate work behaviors, timeliness and accountability. The first pilot will be Spring 2023.

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

The Provider proposed a specific pilot program using a social enterprise model where products made in its construction lab by SNAP E&T participants will be sold in its retail stores.

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

The Department reviewed the proposed budget and finds is reasonable for the services to be delivered. The federal funders have also reviewed the proposal and budget for approval.

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

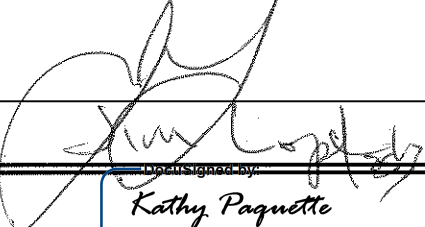

The Department does not plan to competitively procure this service in the future. This is a pilot that was funded at 100% for one year only by USDA-Food and Nutrition Services for a unique service that GWNNE proposes to deliver. The project will be funded at 50% in the next FFY, which other willing and qualified SNAP E&T providers could also provide.

**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):			
Typed Name:		Date:	11 - Aug - 23
Signature of DAFS Procurement Official:	 <small>Digitally signed by: Kathy Paquette</small>		
Typed Name:	Kathy Paquette	Date:	6/12/2023