



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Department of Labor	
Department Contract Administrator or Grant Coordinator:		Sean Keegan	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 21,200	Advantage CT / RQS #:	20250514*2703
CONTRACT	Proposed Start Date:	8/18/2025	Proposed End Date: 8/28/2025
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:		World of Work Inventory, Inc, Temple, Arizona	
Brief Description of Goods/Services/Grant:		Training for Maine DVR staff on the interpretation and implementation of WOWI skills and career exploration testing.	

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.

a. The WOWi, is a statistically valid and reliable multidimensional career/vocational assessment tool that assists clients to learn more about themselves in relation to the wide variety of occupations available. The assessment requires a trained professional interpret the results to then work closely with clients to match their unique combination of personality, interests and skills to a focus area in the labor market to enhance person-job fit and increase job satisfaction, performance and productivity.

b. This vocational assessment, WOWi, has been successfully used by 17 State Vocational Rehabilitation provider for many years and has shown to contribute to higher rehabilitation rates. This program is also utilized by US Department of Labor.

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

Dr Gregory P. M. Neidert, PhD. is the proprietor of the World of Work, Inc. who developed the instrument and is the only person who can competently deliver this training to staff. He posses the necessary credentials, education and experience to facilitate the workshop. There are no other external resources available to the Maine Division of Vocational Rehabilitation to receive this training, and there are no individuals in the department who have the continued use of the WOWI and necessary training to develop staff internally.

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

This training has not been offered locally in many years, with recent turnover the department has no staff trained in the current WOWI offerings. WOWI provided training for up to 30 participants in 2011 for \$6400, this contract will provide training for up to 60 staff across two week period in person. The complex nature of WOWI interpretation necessitates the need for in person learning.

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

WOWI I and II training sets learners up to provide and interpret the WOWI, After a 6 month interpretation and facilitation period the WOWI offers a level III and IV training which will assist the department in developing "Train the trainers" within the state for future trainings and onboarding of future staff.

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

Does this request utilize ARPA/MJRP funds?

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.

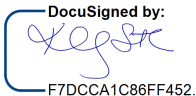
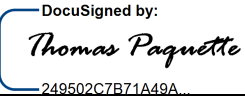
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Kimberly Smith Deputy Comissioner	Date:	5/29/2025
Signature of DAFS Procurement Official:			
Typed Name:	Thomas Paquette	Date:	6/2/2025