



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:		Labor		
Department Contract Administrator or Grant Coordinator:		Samantha Dina		
(If applicable) Department Reference #:				
Agency Department Code:	12A	Advantage CT / RQS # :	CT 2024*3102	
Amount: (Contract/Amendment/Grant)		\$10,000		
CONTRACT	Proposed/Original Start Date:		Proposed/Most Recent End Date:	
AMENDMENT	New Effective Date:	7/6/2025	New End Date (if Applicable):	6/30/2026
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Sally DelGreggio North Yarmouth, Maine		
Brief Description of Goods/Services/Grant:		The purpose of this amendment is to provide continued grant writing support to MDOL for federal workforce opportunities aimed at bolstering the workforce system.		

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. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization
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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.	<p>The Department is pursuing federal grant opportunities that require detailed analysis and in-depth writing. The Department does not currently have the staffing capacity to research, analyze and write the proposal.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.	<p>The provider has experience with grant applications relating to both USDOL and large federal grants.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The cost is commensurate with grant writing services obtained by other agencies.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department will assess the future need for grant writing services based on outcomes of this service, and the level of effort associated with future funding opportunities.</p>

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: 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](#).

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

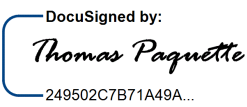
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kimberly Smith, Deputy Commissioner	Date:	7/10/2025

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:			
Typed Name:	Thomas Paquette	Date:	7/11/2025