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:	Maine Department of Labor-Bureau of Employment Services			
Department Contract Administrator or Grant Coordinator:	Tarlan Ahmadov			
(If applicable) Department Reference #:				
Agency Department Code:	12A	Advantage CT / RQS #:	CT 20230203000000002030	
Amount: (Contract/Amendment/Grant)	$34,186.00			
CONTRACT	Proposed/Original Start Date:	11/1/2022	Proposed/Most Recent End Date:	9/30/2026
AMENDMENT	New Effective Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Coastal Counties Workforce Inc			
Brief Description of Goods/Services/Grant:	Outreach to targeted groups connects with federally funded employment and occupational skill training programs and stipends for 143 individuals to obtain or retain work.			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☒	B. Amendment	☐	H. State Statute/Agency Directed
☐	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed

☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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 Workforce Fund pilot initiative subcontracted by Wabanaki Public Health and Wellness was reduced, resulting in additional funds available for reallocation to Coastal Counties Workforce, Inc.to serve participants in its region. The additional funding will support staffing at the service provider level for the remainder of the project period, enabling increased participant enrollment, continued case management and supportive services, and improved performance outcomes.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.
Under the Workforce Innovation and Opportunity Act (WIOA) PL 113-128, the Governor designated local workforce areas of the State. Federal employment and training program funds are distributed to the local areas through Local Workforce Development Boards (LWDB) and County Commissioners who, as the legally designated subrecipients of these funds, award and oversee the delivery of workforce services in the local area using these funds. MDOL/Bureau of Employment Services is the State Workforce Agency through which these funds are passed to local areas, including Coastal Counties Workforce Inc in order to provide these federally funded employment and training programs. These ARPA funds will enhance the work of the provider who is uniquely set-up to provide the services being contracted with them. The contracted funds will support two distinct projects directly connected to the federally funded employment and training programs: 1) the sourcing of a communications vendor to design and launch an outreach campaign to reach individuals not connected to the workforce development system, and 2) CCWI's implementation of an 'earn as you learn' pilot to incentivize the attendance and completion of occupational skills trainings. Workforce training services will be provided to eligible workers in the service area.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
As stated above, the Governor distributes funds according to Federal law and designates the local areas as recipients of these funds who, in turn procure the delivery of workforce development services through a competitive process. The MDOL/BES oversees and assures that local areas utilize these funds per federal requirements. Each of the three local workforce boards were invited to submit a proposal to improve employment outcomes and workforce needs among priority communities in order to develop innovative approaches and services that existing federal employment and training funding would not support. In their response, CCWI outlined discussed the project need and provided a detailed budget necessary to support the project.
4. Describe the plan for future competition for the goods or services.
Currently, no additional grant funds are available to distribute.

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).

☐ Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☐ 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	Laura A. Fortman		
Typed Name:	Laura A. Fortman, Commissioner	Date:	7/7/2026

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

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

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: Michelle Knox 066BBD96EE5347F...		
Typed Name:	Michelle Knox	Date:	7/20/2026