

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:	Department of Economic and Community Development			
Department Contract Administrator or Grant Coordinator:	c/o Janre Mullins, General Government Service Center			
(If applicable) Department Reference #:	Maine Economic Recovery Grant Program			
Amount: (Contract/Amendment/Grant)	\$10,003,657	Advantage CT / RQS #:	20210803000000000255	
CONTRACT	Proposed Start Date:	08/01/2021	Proposed End Date:	12/31/2021
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:	Eastern Maine Development Corporation			
Brief Description of Goods/Services/Grant:	Distribute grant payments awarded under the Maine Economic Recovery Grant Program.			

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
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project	X	L. Other Authorization: COVID-19

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.

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PART III: SUPPLEMENTAL INFORMATION

The objective of this program is to provide grants for businesses and non-profit organizations that demonstrate a need for financial relief based on lost revenues or expenses related to the disruption of business operations caused by the COVID-19 pandemic. This iteration of the grant program will apply to Maine hospitals, nursing facilities, residential care facilities (PNMI Cs), and adult family care homes.

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

All Economic Development Districts were asked to participate. Only two were receptive.


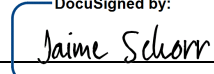
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

1. DHHS will compile the list of eligible businesses/organizations from each EDD including the Provider
2. Distribution criteria will be applied to total pool of applicants
3. DHHS will send list of applicants to the Provider with the disbursement amounts and matching funds.

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

N/A

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:	Heather Johnson, Commissioner	Date:	08/06/2021
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	Jaime Schorr <small>6D6437754DD0459...</small>	Date:	8/18/2021