



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:		DOL/BRS/DVR&DBVI	
Department Contract Administrator or Grant Coordinator:		Annette Stevens	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 35,000	Advantage CT / RQS #:	20230609*3620
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date: 9/30/2024
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:		University of Southern Maine/ Maine Small Business Development Center University of Southern Maine 55 Exeter St., PO Box 9300 Portland, ME 04104-9300	
Brief Description of Goods/Services/Grant:		Business Consultation Services	

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. University Cooperative Project	☐	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.

The Bureau of Rehabilitation Services serves many individuals with disabilities each year who request assistance in starting their own small business, which is deemed as a viable employment option by the Rehabilitation Services Administration for some people with disabilities. Many BRS counselors are highly skilled in the area of disability and rehabilitation, but do not have the resources or the knowledge needed to successfully help potential entrepreneurs launch sustainable businesses. Through this contract, BRS offers a pathway for individuals that engages critical business expertise through the long-term process of business feasibility determination, start-up and growth, and continues beyond the time-limited services available through BRS.

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

The University of Maine/Maine Small Business Development Centers has offices located throughout Maine and offers statewide coverage and services not available through other small business resources. BRS has not been successful in engaging a consistent level of service, expertise and access across the state prior to this contract.

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

Fee was negotiated to include a per person cap to limit and manage expenditures. Since this service is provided statewide, it makes the costs fair and reasonable.

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

No RFP was done. No other vendor offers the necessary statewide services.

If there are qualified individuals and/or agencies that are interested in and capable of providing these necessary services in the future, we would do an RFP.

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

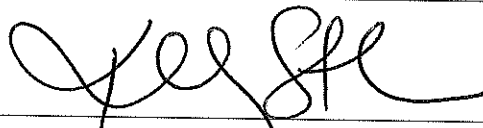
Does this request utilize ARPA/MJRP funds?

☐ 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:	Laura A Fortman, Commissioner	Date:	8/2/2023
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	8/10/2023