



## 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:	Department of Labor, QUEST Program		
Department Contract Administrator or Grant Coordinator:	Tarlan Ahmadov		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 37,335.60	Advantage CT / RQS #:	CT12A 2022115*1362
CONTRACT	Proposed Start Date:		Proposed End Date:
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:	Central Western Maine Workforce Development Initiatives, PO BOX 7083, Lewiston, ME 04240		
Brief Description of Goods/Services/Grant:	QUEST Grant		

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 checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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.	QUEST grant. Additional funds allocated to Central Western Maine Workforce Development Initiatives (\$37,335.60)
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	n/a
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Funds that were sidelined for a CDL program, which did not go ahead, were relocated to other areas of the budget.
4. Describe the plan for future competition for the goods or services.	n/a

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	Kimberly Smith	Date:	8/3/2023
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	8/10/2023

