



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

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 Health and Human Services Office for Family Independence, SNAP-ED		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		OFI-24-004		
Amount: (Contract/Amendment/Grant)	\$248,701.17	Advantage CT / RQS #:	CT 10A 20230721000000000138	
CONTRACT	Proposed Start Date:	10/01/2023	Proposed End Date:	09/30/2024
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:		Altarum Institute Ann Arbor, MI		
Brief Description of Goods/Services/Grant:		SNAP-Ed Evaluation services		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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. 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.

The Provider will deliver evaluation of SNAP-Ed services. Evaluation is a required activity for SNAP-Ed services, and the Department determined that an external evaluation should be conducted for a project of this size.

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

These services were procured by competitive bid RFP# 201805105. The procurement cycle ends on 9/30/2023.

Initial Start Date *	10/1/2018	Initial End Date *	9/30/2019
Renewal 1 Start Date	10/1/2019	Renewal 1 End Date	9/30/2021
Renewal 2 Start Date	10/1/2021	Renewal 2 End Date	9/30/2023

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

The Department reviewed the technical proposal and budget and determined that the costs are fair and reasonable.

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

The Department plans to competitively procure these services (CADB # OFI20231) for a 10/1/2024 CSD.

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

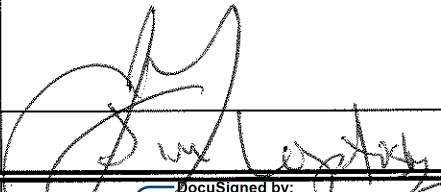
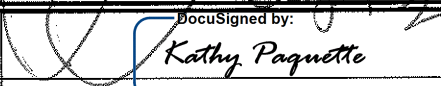
Does this request utilize ARPA/MJRP funds?

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:		Date: 2 - Aug - 23
Signature of DAFS Procurement Official:		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date: 8/28/2023