



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 Economic and Community Development			
Department Contract Administrator or Grant Coordinator:	Hilary Gove			
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 45,000	Advantage CT / RQS #:	CT19A20231003000000000991	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	11/1/2023	Effective Date:	7/24/2024
	Previous End Date:	10/31/2024	New End Date:	6/30/2025
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Greater Portland Council of Governments, Portland, Maine			
Brief Description of Goods/Services/Grant:	Community housing planning and implementation services provided in 5 M.R.S. 31056-J(2).			

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.	
<p>The Department implemented the grant program, Housing Opportunity Program Service Provider Grants, in accordance with 5 M.R.S. 31056-J to provide funding to service providers to assist municipalities and regions with community housing planning and implementation services to increase housing opportunities across the State.</p>	
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
<p>The Provider applied as part of the Housing Opportunity Program Service Provider Grants, RFA #202306123. The Provider received one of the highest rankings for its application and was awarded grant funding. The Department entered into a contract with the Provider in November 2023 to provide community housing planning and implementation services to its member communities.</p> <p>During the contract term, the Department identified the need for better statewide tracking of housing data including building permit, certificate of occupancy, and demolition data. The lack of accurate data is a considerable barrier to increasing housing in Maine. The Department identified the Provider as an entity with the experience and expertise to carry out a regional data collection pilot project. Established in 1969, the Provider has decades of experience working directly with and for municipalities on land use, zoning, housing, transportation, economic development, and sustainability projects. The Provider has the staff capacity, knowledge, and skills to build and test this pilot project with its member communities and to assess the feasibility of implementing statewide.</p>	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
<p>The Provider was originally allocated \$75,000 as part of the grant program. The contract amendment includes adding additional funding for the Provider to carry out a regional housing data pilot project which aims to create a unified approach to collecting municipal housing data, including building permit, certificate of occupancy, and demolition data, from its member communities. The goal of this pilot project is to assess whether this unified data collection approach could be replicated across the state. The additional costs for this pilot project are fair and reasonable for a region-wide project that has the potential to streamline data collection processes for up to 25 communities in Southern Maine and serve as a model for other regions and municipalities.</p>	
4. Describe the plan for future competition for the goods or services.	

PART III: SUPPLEMENTAL INFORMATION

Depending on the results of the pilot project, the Department may submit a grant opportunity in the future to create a statewide or regional housing data collection program, based on funding availability.

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) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.


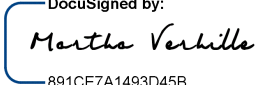
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Heather Johnson	Date:	7/25/2024
Signature of DAFS Procurement Official:	DocuSigned by:  891CE7A1493D45B...		
Typed Name:	Martha Verhille	Date:	8/1/2024