



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:		DHHS/OFI/SNAP-Ed		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Stacy Martin		
(If applicable) Department Reference #:		OFI-24-351A		
Amount: (Contract/Amendment/Grant)		Original: \$5,410,366.00 Amend: \$1,349,870.00 Revised: \$6,760,236.00	Advantage CT / RQS #:	CT 10A 20230802*244
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/1/2023	Effective Date:	10/1/2024
	Previous End Date:	9/30/2024	New End Date:	12/31/2024
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		University of New England Biddeford, Maine		
Brief Description of Goods/Services/Grant:		Implementing agency of Maine SNAP-Ed program		


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 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 checked="" type="checkbox"/>	L. Other Authorization – RFP Extended

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 Maine SNAP-Ed Implementing Agency will continue to implement a Statewide nutrition education program called Maine SNAP-Ed, as detailed in a federal plan approved and funded by USDA-Food and Nutrition Services.</p> <p>The purpose of this amendment is to extend SNAP-Ed services through 12/31/2024 for approximately 19,000 Mainers until the RFP process is completed.</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 was selected through competitive bidding RFP 201709158. This procurement ended on 9/30/2023.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>In the annual allocation of SNAP-Ed funds, USDA Food and Nutrition Services makes funds available to Maine, which the Department has determined will benefit SNAP-Ed programming for SNAP eligible Mainers experiencing food insecurity. The Department contracts with UNE to deliver this programming, which includes multiple sub-recipient contracts in all sixteen (16) counties. The Department found the costs to be consistent with prior programming years and within the amount available from federal funding.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department is actively processing a competitive procurement RFP (202406107) for these services with a 1/1/2025 contract start date.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
Does the requesting Department signatory understand and acknowledge Maine’s COI Statute?	
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.	

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	11-Jul-24
Signature of DAFS Procurement Official:	DocuSigned by:  2A644AF5681F482		
Typed Name:	David Morris	Date:	8/7/2024

NOI 0820240896 08/08/2024 - 08/14/2024