



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		Maine Department of Labor-Bureau of Employment Services		
Department Contract Administrator or Grant Coordinator:		Tarlan Ahmadov		
(If applicable) Department Reference #:				
Agency Department Code:	12A	Advantage CT / RQS #:	CT 202306060000000003538	
Amount: (Contract/Amendment/Grant)	\$37,351.00			
CONTRACT	Proposed/Original Start Date:	6/1/2023	Proposed/Most Recent End Date:	9/30/2026
AMENDMENT	New Effective Date:	8/1/2026	New End Date:	09/30/2026
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Central Western Maine Workforce Initiatives, Augusta, ME		
Brief Description of Goods/Services/Grant:		This funding will support unique pilot projects including outreach campaigns with a marketing company and community-based organizations, a transportation pilot opportunity to support employers with retention through carpooling, vanpooling, or other resources, and the purchase of a new career exploration tool called Fit First to be piloted with youth.		

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
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☒	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. Higher Education Cooperative Project	☐	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 Workforce Fund Pilot Initiative subcontract with Wabanaki Public Health and Wellness was reduced, resulting in additional funds being available for reallocation to the Central Western Maine Workforce Initiative (CWMWI) to support participants within its service region. The additional funding will enable CWMWI to expand its existing employer workforce transportation pilot by working with current industry and community-based organization (CBO) partners to provide reliable transportation services to 15 additional workers and extend transportation assistance for 19 workers currently receiving support, helping to promote job retention. In addition, CWMWI will expand its use of the FitFirst career assessment platform by providing training to at least 12 residents in correctional facilities to serve as peer navigators for fellow residents preparing for reentry. These peer navigators will learn how to administer career assessments and assist their peers in identifying potential career pathways, with the goal of enrolling at least 10 individuals in WIOA-funded services upon their release.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Under the Workforce Innovation and Opportunity Act (WIOA) PL 113-128, the Governor designated local workforce areas of the State. Federal employment and training program funds are distributed to the local areas through Local Workforce Development Boards (LWDB) and County Commissioners who, as the legally designated subrecipients of these funds, award and oversee the delivery of workforce services in the local area using these funds. MDOL/Bureau of Employment Services is the State Workforce Agency through which these funds are passed through to local areas, including Central Western Maine Workforce Initiatives to provide these federally funded employment and training programs. These ARPA funds will enhance the work of the provider who is uniquely set-up to provide the services being contracted with them.

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

As stated above, the Governor distributes funds according to Federal law and designates the local areas as recipients of these funds who, in turn procure the delivery of workforce development services through a competitive process. The MDOL/BES oversees and assures that local areas utilize these funds per federal requirements. Each of the three local workforce boards was invited to submit a proposal to improve employment outcomes and workforce needs among priority communities in order to develop innovative approaches and services that existing federal employment and training funding would not support. In their response, Central Western Maine

PART III: SUPPLEMENTAL INFORMATION

Initiatives outlined the project need and provided a detailed budget necessary to support the project.

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

Currently, no additional grant funds are available to distribute.

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) or (026) – 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.

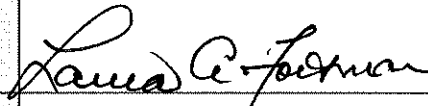
☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):



Typed Name:

Laura A. Fortman, Commissioner

Date:

8/5/2026

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: <i>Thomas Paquette</i> 249502C7B71A49A		
Typed Name:	Thomas Paquette	Date:	8/11/2026