

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/Commissioner's Office		
Department Contract Administrator or Grant Coordinator:		Nancy Tan / Jeanne Garza		
(If applicable) Department Reference #:		Multiple see below		
Amount: (Contract/Amendment/Grant)	Service Group Total: \$27,500	Advantage CT / RQS #:	Multiple see below	
CONTRACT	Proposed Start Date:	08/01/2021	Proposed End Date:	12/31/2021
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:		Eastern Maine Development Corporation *and* Northern Maine Development Commission		
Brief Description of Goods/Services/Grant:		Distribute grant payments awarded under the Maine Economic Recovery Grant Program.		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project	X	L. Other Authorization: COVID-19

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The objective of this program is to provide grants for businesses and non-profit organizations that demonstrate a need for financial relief based on lost revenues or expenses related to the disruption of business operations caused by the COVID-19 pandemic. This contact provides funding for administrative costs for the economic development districts that incurred in processing the grants/disbursement of funds.

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

All Economic Development Districts were asked to participate. Only two were receptive.

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

Costs were set by the Department at the rate of \$250/award that was disbursed.

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

The Department does not intend to RFP this service.

PART IV: APPROVALS

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

By signing below, I signify that I approve of this procurement request.

[Signature]

Printed Name:

00738ED17E0C4B2...

Date:

**Signature of DAFS
Procurement Official:**

Kathy Paquette

Printed Name:

41C2BA36FAF44CD...

Kathy Paquette

Date:

9/22/2021

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Vendor	Agreement Number	Advantage CT	Agreement Amount
EASTERN MAINE DEVELOPMENT CORP	COM-22-9002	20210830000000000537	\$13750.00
NORTHERN MAINE DEVELOPMENT	COM-22-9001	20210826000000000495	\$13750.00