



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:	MDOL- BES		
Department Contract Administrator or Grant Coordinator:	Angelina Klouthis Jean		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$53,560.69	Advantage CT / RQS #:	12A 20240606000000003596
CONTRACT	Proposed Start Date:	5/1/2024	Proposed End Date: 10/31/2026
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:	The Penobscot Nation, Indian Island, ME		
Brief Description of Goods/Services/Grant:	This contract will support the Penobscot Nation to serve youth with Driver's Ed support and summer work experiences.		

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 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 purpose of this Contract is to support the Penobscot Nation through MDOL’s Workers Fund, which aims to improve employment outcomes for those affected by the COVID-19 pandemic, with a focus unemployed, underemployed and workers of color, including tribal communities. The goals of the Worker’s Fund are to 1) address barriers preventing individuals from getting or retaining work and 2) connect with individuals that are disconnected from workforce system services. This funding will address barriers to work by supporting young people in obtaining their driver’s licenses by funding drivers ed and gas cards as well as providing work experience for young adults in the summer. The Worker’s Fund is funded by the Maine Jobs Recovery Plan funding.

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

The Penobscot Nation is Maine's only Division of Indian and Native American Programs (DINAP) partner through the federal Workforce Innovation Opportunity Act (WIOA) program. It serves the entire tribal community with their DINAP funding and is uniquely positioned to identify barriers to obtaining and retaining employment. Federal employment and training program funds are distributed to the local areas through Local Workforce Development Boards (LWDB) and DINAP 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 invited the Penobscot Nation as well as the three local workforce boards to identify challenges engaging individuals who could benefit from the workforce development system as a result of and in the recovery from the COVID-19 pandemic These MJRP 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.

The Penobscot National outlined the project need and provided a detailed budget necessary to support the project. The program will serve at least 47 people and the cost per person will be less than \$1,140, which is lower than other workforce programs.

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

The Business Case (P.52.2- Workers Fund) approving use of these one-time MJRP/ARPA funds was approved on December 5, 2022. At this time there is no plan to continue this funding/project beyond the contract period.

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:	Kimberly A. Smith	Date:	9/24/2024
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 5px;"> <small>DocuSigned by:</small> <i>Thomas Paquette</i> <small>249502C7B71A49A...</small> </div>		
Typed Name:	Thomas Paquette	Date:	9/27/2024