



**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- Office for Family Independence- SNAP E&T		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger / Brianne Carrero		
(If applicable) Department Reference #:		OFI-23-014		
Amount: (Contract/Amendment/Grant)	\$ 86,286.00	Advantage CT / RQS #:	CT 10A 2022071300000000128	
CONTRACT	Proposed Start Date:	10/1/22	Proposed End Date:	9/30/24
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:		Aroostook County Community Action Program Presque Isle, Maine		
Brief Description of Goods/Services/Grant:		SNAP Employment and Training Program Services		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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 agreement is to provide employment and training services to assist the Department's Supplemental Nutrition Assistance Program (SNAP) recipients seeking these services to get training to find sustainable employment. The services delivered are mandated by federal statute for all states administering the SNAP program and as such, are mandated by Maine statute.

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

The Department's Office for Family Independence has determined the Provider is willing and qualified. Employment and Training services for low-income populations are specialized services and the Provider has unique capacity and experience to provide these services for the intended population.

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

The Provider submitted a budget which was reviewed by the Department and found to be acceptable. The Provider will reimburse participant reimbursements adhering to the Department's caps identified in the agreement.

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

The Department is accepting providers who are willing and qualified to provide these services. The Department does not intend to RFP these services.

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

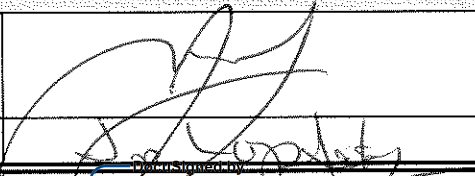
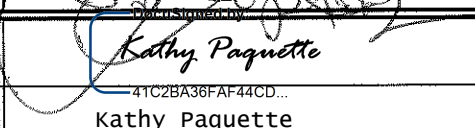
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			Date:	15-Aug-22
Typed Name:				
Signature of DAFS Procurement Official:			Date:	10/5/2022
Typed Name:	Kathy Paquette			