



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:	Labor, Bureau of Rehabilitation Services		
Department Contract Administrator or Grant Coordinator:	Libby Stone-Sterling		
(If applicable) Department Reference #:	N/A		
Amount: (Contract/Amendment/Grant)	\$ 15,000	Advantage CT / RQS #:	20230104*1807
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	1/1/2023	Effective Date:
	Previous End Date:	12/31/2023	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Maine Vocational and Rehabilitation Assoc. Inc. Bangor, ME		
Brief Description of Goods/Services/Grant:	CRP employment Services (Trial work experience, Situational assessments, job development/placement, job coaching and long-term supports)		

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 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.

Main Vocational and Rehabilitation Association INC (MVRA) is one of several agencies (referred to as CRPs or Community Rehabilitation Providers) who provide community employment services in regions 4 and 5 to clients referred by Vocational Rehabilitation Counselors (VRCs). VRCs authorize job assessment, job development/placement, and/or job coaching services monthly as needed for clients they refer to the CRP. Clients choose a CRP from among those available in their geographic area. **MVRA** meets all applicable standards and staff qualifications; and has been fully approved as a CRP through **December 31, 2023**.

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

In July 2023, BRS issued a new RFP (#202305120) for employment services for individuals served by the Division of Vocational Rehabilitation (DVR) and the Division for the Blind and Visually Impaired (DBVI). Bidders were instructed to submit separate bids for each BRS region (1-5). As a result of that RFP, contracts have been award in BRS regions 1-5.

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

All CRPs are reimbursed at standard hourly rates, based on the service being provided. Employment services are authorized monthly by Vocational Rehabilitation Counselors depending on individual client needs. As of 7/1/2022, BRS increased rates \$5 dollars per hour to \$40 - \$50 depending on the service.

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

RFP #202305120 has been completed and contracts have been awarded in regions 1-5, which will utilize the model of services currently utilized in region 1, 2 and 3.

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):			
Typed Name:	Kimberly Smith	Date:	10/12/2023
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/17/2023