



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS - Office for Family Independence		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		OFI-25-010		
Amount: (Contract/Amendment/Grant)		\$ 174,073.40	Advantage CT / RQS #:	CT-10A-202408300000OFI25010
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date:	9/30/2026
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:		Goodwill NNE Gorham, ME		
Brief Description of Goods/Services/Grant:		SNAP Employment and Training Services - Job Connection Tool database		

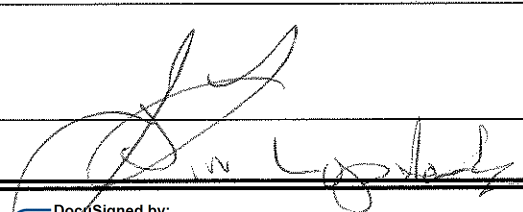
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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.
	<p>Maine SNAP is required by federal guidelines to provide Employment and Training Services for SNAP recipients to assist them in finding sustainable employment. This provider delivers SNAP E&T services in Augusta, Bangor/Belfast, Lewiston/Auburn, and Portland/York County.</p> <p>The provider will maintain a Job Connection Tool database for all Maine contracted SNAP E&T Providers and provide training, technical assistance, and reporting from Job Connection tool data. They will develop additional reports for all SNAP E&T providers and provide staff support for compiling data and reports for SNAP E&T required performance and other data points that demonstrate services provided and impact of services. The Provider will develop reports for OFI for including annual performance outcomes and two reports per year on the approved Job Retention waiver, combining GWNNE and data from other SNAP E&T providers.</p>
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	The database is owned by Goodwill NNE. Goodwill NNE houses the providers' data, and all providers are trained for use of the database.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	The Department reviewed the budgets presented by the Provider and finds them reasonable. The budgets are consistent with prior years. The services will be funded by the United States Department of Agriculture- Food and Nutrition Services.
4.	Describe the plan for future competition for the goods or services.
	The Department does not intend to RFP this service.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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:		Date:	27 Sep 24
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	10/7/2024