



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Maine Department of Health and Human Services Office for Family Independence SNAP Employment and Training Program		
Department Contract Administrator or Grant Coordinator:		Storm Dexter		
(If applicable) Department Reference #:		OFI-26-049		
Agency Department Code:	10A	Advantage CT / RQS # :	CT-10A-202509020000OFI26049	
Amount: (Contract/Amendment/Grant		\$ 63,025.00		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	9/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine Immigrant & Refugee Services Lewiston, Maine		
Brief Description of Goods/Services/Grant:		SNAP Employment and Training (E&T)		

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. Higher Education 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.

Maine SNAP is required by federal guidelines to provide Employment and Training (E&T) services for SNAP recipients to assist them in finding sustainable employment. The Provider will deliver remote services including Job Search Training, Educational components, and case management statewide for SNAP E&T participants. The Provider will serve approximately 50 participants per year through these SNAP E&T services. The Provider will reimburse federally allowable support services including but not limited to transportation costs, books, tools and equipment, and childcare for participant who must travel to allowable and approved training programs.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

This Provider has the necessary qualifications and expertise for delivery of this service as demonstrated by services it has been providing for 45 years.

Community agencies, post-secondary educational institutions, employers, and other entities with Maine locations that have expertise in providing employment and training services may request to be assessed as a Qualified Vendor of SNAP E&T services with the State of Maine Department of Health and Human Services. Potential vendors must be approved by both the Department and by USDA-Food and Nutrition Services. SNAP E&T providers may deliver services remotely or in physical locations with accessible space available to serve the public. The Department intends to contract with SNAP E&T Providers that deliver high quality employment and training services leading to increased employment opportunities for SNAP recipients focused on employer recognized credentials and career pathways.

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

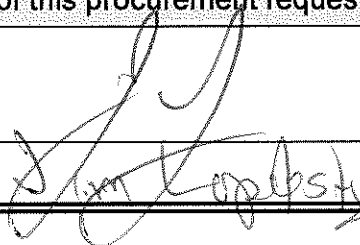
The Department reviewed the budget presented by the Provider and finds it acceptable and necessary to support the training needs of its SNAP recipients who are seeking employment and training. The services will be reimbursed at 50% of allowable costs by the United States Department of Agriculture – Food and Nutrition Services. The Provider is utilizing non-federal funds for 50% of the allowable costs for this program. There are no State dollars included in this agreement.

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

The Department will continue to enroll other willing and qualified employment and training providers, depending upon federal approval and availability of federal funding. 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 signature below indicates approval of this procurement request.	
Signature of requesting Department’s Commissioner (or designee):	
Typed Name:	Date: 8-Oct-25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification	
The signature below indicates approval by the Commissioner or designee of this procurement request.	
Signature of requesting Department’s Commissioner (or designee):	
Typed Name:	Date:

Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...
Typed Name:	Kathy Paquette
Date:	10/20/2025