



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

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:		DHHS / Office for Family Independence / Patricia Dushuttle	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Nicole Mitchell	
(If applicable) Department Reference #:		OFI-27-009	
Agency Department Code:	10A	Advantage CT / RQS #:	CT-202607290000OFI27009
Amount: (Contract/Amendment/Grant)		\$2,837,177.00	
CONTRACT	Proposed/Original Start Date:	10/1/2026	Proposed/Most Recent End Date: 9/30/2028
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:		Sunrise County Economic Council Machias, Maine	
Brief Description of Goods/Services/Grant:		Employment and Training Services	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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 deliver two separate SNAP Employment and Training programs in Washington County as well as a TANF-funded two-generational program, which provides post-secondary education for parents and high-quality early childhood education for their children. Maine SNAP program is required by federal guidelines to provide Employment and Training Services for SNAP recipients to assist them in finding sustainable employment.

Family Futures Downeast (FFD) is a unique two-year program intended to assist young rural families in breaking the poverty cycle by providing two-generational support to both parent and child. While the parent is engaging in college courses, the child participates in early educational services on-site. Both parent and child receive comprehensive support to assist in this demonstration. The services provided to FFD participants are funded by both TANF and SNAP funds, as part of the employment and training services required by each program.

Start-Up Downeast (SUDE) is the only employment and training program for SNAP recipients that is conducted in partnership with Washington County Community College. The program will assist participants in completing certificate and associates degree programs. Many of the participants receive childcare from the SCEC program as well.

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

These unique FFD and SUDE programs combine college classes, community support, quality childcare, and two-generational services for the participant and their children. These two-generational services are not provided by any other agency in the State of Maine. The Department does not deliver these services or have any other provider so collaboratively operating a combined E&T and TANF program. This unique project combines multiple community agency services, all of which will subcontract with Sunrise County Economic Council to administer this program.

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

The Department has reviewed the budgets presented by the Provider. The budgets have been found to be reasonable and necessary to support the training needs of TANF and SNAP participants who are seeking employment and training services. The services will be funded and/or matched by the Temporary Assistance for Needy Families (TANF) and United States Department of Agriculture- Food and Nutrition Services federal programs.

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

The Department does not intend to competitively procure these services.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.**PART VI: APPROVALS**

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

9-Sep-26

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II.** The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

****OSPS Section Only****Signature of DAFS
Procurement Official:

DocuSigned by:

David Morris

Typed Name:

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David Morris

Date:

10/5/2026

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