

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DECD/Economic Recovery Grant Program CARES ACT FUNDING		
Department Contract Administrator or Grant Coordinator:		Sharon Thomas		
(If applicable) Department Reference #:		CT 19A 20201103000000001384		
Amount: (Contract/Amendment/Grant)	\$7,500.00	Advantage CT / RQS #:		
CONTRACT	Proposed Start Date:	10/19/20	Proposed End Date:	12/30/20
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:		James P. Fecteau 17 Wolcott Street Portland, ME 04102		
Brief Description of Goods/Services/Grant:		Financial management and support to DECD and businesses applying to the Economic Recovery Grant Program.		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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
X	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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PART III: SUPPLEMENTAL INFORMATION

The Department of Economic and Community Development was awarded CARES ACT funding to administer the Maine Economic Recovery Grant Program. This program is a joint venture between Maine DECD, Maine Revenue Services and with Maine's economic development agencies who are assisting with the grant review process and payment distribution to businesses. After the release of Phase 1 applications it became apparent that we needed to engage with a financial professional to assist the department and Maine's small businesses navigate the complex application process relating to their financial records. Many Phase 1 applications were rejected because of inconsistent financial data. To avoid this scenario in Phase 2, the provider will assist businesses and the department with financial questions as well as validate calculations and disbursement equations to support accuracy and efficiency.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The provider has in-depth experience working directly with Maine's small and medium sized businesses from working at the Maine Technology Institute and currently as a financial management consultant. When the department embarked on this project, we were not anticipating the financial questions or issues that resulted in many businesses in Phase 1 being rejected from the grant program. To avoid this issue in Phase 2, we solicited the assistance of a known professional familiar with the financial records of Maine's businesses.

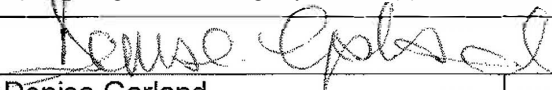

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The provider offered his assistance at a reduced hourly rate to ensure Maine's businesses received much needed financial support due to the COVID-19 pandemic. The Provider will provide expertise and knowledge to answer financial and auditing questions unable to be answered by department staff.

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

This is a one-time program and funding.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
Printed Name:	Denise Garland	Date:	November 3, 2020
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	1DFA565D481F42E... Debbie Jacques	Date:	11/12/2020