



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

Table with 4 columns: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Advantage CT / RQS #, Proposed Start Date, Proposed End Date, Original Start Date, Effective Date, Previous End Date, New End Date, Project Start Date, Grant Start Date, Project End Date, Grant End Date, Vendor/Provider/Grantee Name, City, State, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION

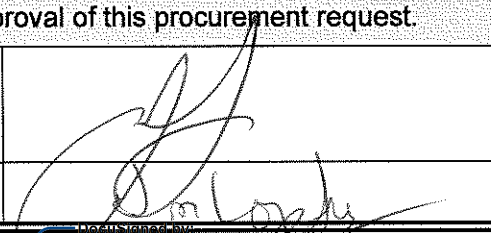

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

Table with 4 columns: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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.	Strengthen LA will provide SNAP E&T employment and training services. The services will primarily be focused in construction, early childhood education, healthcare. The Provider will also deliver SNAP E&T in other career fields to SNAP E&T participants who reside in the Lewiston/Auburn area.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Provider already delivers services associated with these SNAP E&T program needs.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The Provider submitted a budget which was reviewed by the Department and found to be acceptable. The Budget will allow reimbursement for up to \$115,351.85, which includes \$112,851.85 for program costs and \$2500 for one staff to attend a FNS sponsored out of state conference. The total program cost to serve 30 SNAP E&T participants is estimated to be \$225,703.70, which when reimbursed at 50% is a total of \$112,851.85 reimbursed through this agreement. The program costs include administrative and staffing costs for services delivered to participants. Program costs also include Participant reimbursements and tuition adhering to the Department's caps identified in the agreement and reimbursed at 50% of allowable costs. The agreement also includes up to \$2500 reimbursed at 100% for an out of state FNS Provider conference.
4. Describe the plan for future competition for the goods or services.	N/A

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)
Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).
<input checked="" type="checkbox"/> 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:	Date: 24 Aug 22
Signature of DAFS Procurement Official:	
Typed Name:	Date: 11/7/2022