

Ed for, s/ Thank you for your help! I have used this contract before



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

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				
Department Office/Division/Program:		LCYDC/AR Gould School		
Department Contract Administrator or Grant Coordinator:		Catherine Curry		
(If applicable) Department Reference #:		Click or tap here to enter text.		
Amount: (Contract/Amendment/Grant)		\$ 50,500	Advantage CT / RQS #:	03F 20221014*1114
CONTRACT	Proposed Start Date:		Proposed End Date:	Click or tap to enter a date.
AMENDMENT	Original Start Date:	Click or tap to enter a date.	Effective Date:	Click or tap to enter a date.
	Previous End Date:	Click or tap to enter a date.	New End Date:	Click or tap to enter a date.
GRANT	Project Start Date:	11/1/2022	Grant Start Date:	11/1/2022
	Project End Date:	6/30/2023	Grant End Date:	6/30/2023
Vendor/Provider/Grantee Name, City, State:		Apex Youth Connection Biddeford, ME 04005		
Brief Description of Goods/Services/Grant:		Entrepreneurship and work skills instruction—Long Creek		

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 checked="" 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.

AR Gould's size and scope make it challenging to provide supplementary and extended learning opportunities for students. This program would allow us to provide thorough job skills programming and give students extended learning opportunities. It meets State of Maine goals around career readiness and job instruction while also meeting AR Gould goals of providing hands on, project based and experiential learning.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Apex Youth Connections has a history in the Biddeford area working with students and providing instruction in business, career readiness and entrepreneurship. They have experience working with students of a similar profile to AR Gould students, which makes them a strong fit for working with our unique population. They serve justice involved youth in the community. This is important because our unique student population can be challenging. They are typically averse to traditional academic programming and require personnel that are flexible, highly adaptable, and comfortable working with youth who are at times frustrated and unresponsive. Apex's profile in the community, their comfort working with challenging students, and their comfort level with justice involved youth make them uniquely qualified to do this work for our students. At this time it is the belief of AR Gould School that there is no other vendor that has the knowledge, experience, and partnerships to fulfill this role outside of APEX. This vendor also has worked closely with the department on grant opportunities and understands our goals, needs, and what we are motivated to provide our students.

This vendor also has strong community ties and relationships with employers in York and Cumberland counties which will serve our students when they are transitioning back into the community. This was an important consideration in looking for a partner around job readiness and work skills instruction. Their knowledge of the labor force in the area and their existing collaborative partnerships with businesses across the region adds to their strengths as a partner.

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

The contract mirrors contracts this vendor uses with other public institutions in this area and matches typical funding for people with this level of knowledge and experience. Additionally, the hourly rate being charged is only \$5/hour above the rate this same Provider charged Maine DOC two years ago (increase from \$90 to \$95/hour) which the Department considers fair and reasonable.

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

This position will be posted on the purchases website per policy. If it is found that a long-term need for this service is required, the Department will seek a competitive solution.

Click or tap here to enter text.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):	DocuSigned by: <i>Christine Thibeault</i> 11/23/2022 <small>4EE8D720BD7F406...</small>		
Typed Name:	Christine Thibeault, Associate Commissioner	Date:	Click or tap to enter a date.
Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> <small>2D5B6E39F57E44A...</small>		
Typed Name:	Click or tap here to enter text.	Date:	Click or tap to enter a date.

william J.E. Allen

11/28/2022

NOI 1120221196 11/29/2022 - 12/5/2022