



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:		DOL/BRS	
Department Contract Administrator or Grant Coordinator:		Brenda Drummond	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 24,600	Advantage CT / RQS #:	20230928*0931
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date: 9/30/2024
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:		Maine Parent Federation Farmingdale, ME	
Brief Description of Goods/Services/Grant:		Maine Parent Federation will serve as the fiscal agent for the DBVI and DVR State Rehabilitation Councils.	

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. 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.

In accordance with federal law, Maine DBVI and Maine DVR are required to have State Rehabilitation Councils (SRC), 34 CFR § 361.16: Establishment of an independent commission or a state rehabilitation council. The SRC is not an incorporated entity therefore DBVI and DVR need to develop a contract with a nonprofit organization to disburse funds. Maine Parent Federation will administer the \$10,900 of the DBVI SRC's operating funds for the Council to carry out its activities and will charge \$500/quarter as an administrative fee. Maine Parent Federation will also administer the \$9,700 of the DVR SRC's operating funds for the Council to carry out its activities and will charge \$500/quarter as an administrative fee for a total contract of \$24,600.

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

The Statewide Rehabilitation Councils are given latitude by Federal Statute (see above) to work as an independent entity. Maine Parent Federation has a history of providing service to State of Maine government programs. In addition, they are quite familiar with our funding and billing processes, which include being able to quickly produce a documented approved federal indirect cost rate.

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

Maine Parent Federation charges a rate comparable to other agencies providing the similar types of service. Therefore, DBVI felt that the rates negotiated were fair and reasonable.

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

DBVI and DVR will continue to evaluate or seek out other agencies that provide similar services to compare to this current vendor.

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



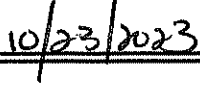
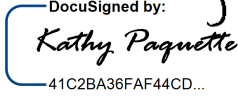
Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:		Date:	
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	11/2/2023