



### 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:		Division of Vocational Rehabilitation, MDOL	
Department Contract Administrator or Grant Coordinator:		Railey Guthrie	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 50,300	Advantage CT / RQS #:	20230905*0615
<b>CONTRACT</b>	Proposed Start Date:	<b>10/1/2023</b>	Proposed End Date: <b>9/30/2024</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maine Statewide Independent Living (SILC), Portland, ME	
Brief Description of Goods/Services/Grant:		Support for the Maine Statewide Independent Living Council (SILC) to implement the State Plan for Independent Living (SPIL)	

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
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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 Maine Statewide Independent Living Council (SILC) is a federally mandated advisory council under part B of Title VII, section 704/705 of the federal 1973 Rehabilitation Act as amended, which is necessary for the State to support in order to receive federal funds for independent living services.

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

The federal funds made available from Administration for Community Living (ACL) through Title VII require that a SILC be operated outside the administration of any State agency. The Maine Statewide Independent Living Council is the one SILC in Maine. Title VII also requires that the State provide adequate funds from Title VII for SILC's administration under the "Resource Plan" (SILC's budget) identified in the State Plan for Independent Living (SPIL).

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

To determine the cost of the SILC budget (Resource Plan), the Department reviewed each budget line and the related activities. The Department relied on SILC history and goals to determine a reasonable budget. To ensure effective use of the funds to accomplish SPIL goals under this year's contract, it was determined that the staff shown in the budget would be adequate for meeting those goals.

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

In Maine, as in all states, there is only one Statewide Independent Living Council, so there are no opportunities for competition in the future.

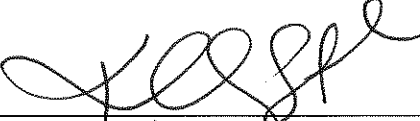

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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:	Laura A. Fortman, Commissioner	Date:	11/1/2023
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	11/6/2023