



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:	DHHS/OCFS		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Matt Galletta		
(If applicable) Department Reference #:	Multiple; See Attachment		
Amount: (Contract/Amendment/Grant)	\$ 3,839,424.60	Advantage CT / RQS #:	Multiple; See Attachment
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:	Multiple; See Attachment		
Brief Description of Goods/Services/Grant:	Community Action Agency: Securing & maintaining employment; securing adequate education; achieving better income management; securing adequate housing; providing emergency services; improving nutrition; creating linkages among anti-poverty programs; and achieving self-sufficiency.		

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.	<p>Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p> <p>According to Maine Revised Statute, Title 22, Subtitle 4, Part 1-A, Chapter 1477 §5327 Allocation of Community Services Block Grant funds, the Maine Department of Health and Human Services has established Community Action Agencies to be the “first priority” recipients of Community Service Block Grant funds. The Community Action Agencies receive seven (7) year designations from the Maine Department of Health and Human Services, and using the funds under that designation, initiate, sponsor and provide programs and services responsive to the needs of the poor that are not otherwise being met through additional partnerships with other public and private sector organizations, as well as requiring maximum feasible participation and representation within the low-income communities the Agency serves. Community Action Agencies are a primary source of direct support for people who live in poverty. The Community Action Service facilitates for low-income clients: securing and maintenance of employment; securing adequate education; achieving better income management; securing adequate housing; providing emergency services; improving nutrition; creating linkages among anti-poverty programs; and achieving self-sufficiency.</p>
2.	<p>Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p> <p>Community Services Block Grant (CSBG) funds are required to go to “eligible entities” in each state, Section 675(b) CSBG Act. There are ten (10) Community Action Agencies (CAAs) in Maine, and their status as “eligible entities” are reviewed every seven (7) years. Designation of these ten (10) CAA’s as an “eligible entity” is effective through September 30, 2025. At this time, there are no additional eligible CAAs in Maine that would otherwise be able to compete for the work other than the already currently designated agencies, therefore, it is unlikely that these designations will change.</p> <p>State of Maine statutory authority for the CSBG Program is provided in Maine Revised Statute, Title 22, Subtitle 4, Part 1-A, Chapter 1477, Sections 5321-5329.</p>
3.	<p>Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p> <p>Allocation of Community Services Block Grant Funds to eligible entities is based on an historical formula. State of Maine statutory authority for the distribution of CSBG funds is provided in Maine Revised Statute Title 22, Subtitle 4, Part 1-A, Chapter 1477, Section 5327. The historical formula currently in use is a base allocation; fifty percent (50%) of available funds pass through to eligible entities must be divided equally among all designated agencies, plus a calculated allocation based on the percentage of individuals in households under two hundred (200%) percent of poverty (based on latest census figures) in an agencies’ designated region/county.</p>

PART III: SUPPLEMENTAL INFORMATION

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

Competitive bids for CSBG funds are not done because allocation of Community Services Block Grant funds to eligible entities is based on an historical formula. State of Maine statutory authority for the distribution of CSBG funds is provided in Maine Revised Statute, Title 22, Subtitle 4, Part 1-A, Chapter 1477, Section 5327.

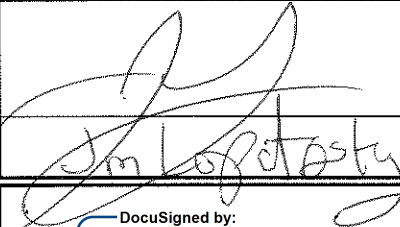

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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:	Jim Lopotasty	Date: 8-Nov-23
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...	
Typed Name:	Kathy Paquette	Date: 11/27/2023

DHHS Office: OCFS
 Service: CSBG

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
AROOSTOOK CTY ACTION PROG INC	CFS-24-7000	20231010*1052	10/1/2023	9/30/2024	\$366,239.75
MIDCOAST MAINE COMMUNITY ACTION	CFS-24-7002	20231010*1053	10/1/2023	9/30/2024	\$314,383.80
COMMUNITY CONCEPTS INC	CFS-24-7003	20231010*1054	10/1/2023	9/30/2024	\$426,807.99
KENNEBEC VALLEY COMMUNITY	CFS-24-7004	20231010*1055	10/1/2023	9/30/2024	\$568,877.96
PENQUIS COMM ACTION PROG INC	CFS-24-7005	20231010*1056	10/1/2023	9/30/2024	\$534,953.64
THE OPPORTUNITY ALLIANCE	CFS-24-7006	20231010*1057	10/1/2023	9/30/2024	\$422,056.39
WALDO COMMUNITY ACTION PARTNER	CFS-24-7007	20231010*1058	10/1/2023	9/30/2024	\$243,277.72
DOWNEAST COMMUNITY PARTNERS	CFS-24-7008	20231010*1059	10/1/2023	9/30/2024	\$327,549.26
W ME COMM ACTION INC	CFS-24-7009	20231010*1060	10/1/2023	9/30/2024	\$307,555.44
YORK CTY COMM ACTION CORP	CFS-24-7010	20231010*1061	10/1/2023	9/30/2024	\$327,722.65
Total Items	10			Totals	\$3,839,424.60