



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	Department of Economic and Community Development		
Department Contract Administrator or Grant Coordinator:	Phoenix McLaughlin		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 261,841	Advantage CT / RQS #:	CT19A 20241101000000001138
CONTRACT	Proposed Start Date:	11/18/2024	Proposed End Date: 9/30/2026
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:	Boots2Roots Freeport, Maine		
Brief Description of Goods/Services/Grant:	Assisting the transition of military members, veterans, and their spouses to Maine's workforce.		

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 checked="" 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.

The vendor will help grow Maine's workforce by attracting and recruiting veterans as they transition out of the military. This directly fits Maine's Economic Development Strategy and the Maine Jobs and Recovery Plan business case it will be funded through, K.35.1 – Talent & Workforce Attraction.

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

No other organization provides equivalent veteran workforce attraction services in or for Maine. The vendor was the only respondent to a prior RFP for similar services the Department issued, RFP 202202011.

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

The vendor's proposed rates are in line with expectations for the scope of work as well as in line with work the vendor performed under a prior contract with the Department.

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

This is one-time funding. The Department does not anticipate future competition for these services.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.



PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Denise Garland	Date:	10/31/2024
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>066BBD96EE5347F...</small>		
Typed Name:	Michelle D. Fournier	Date:	11/8/2024