



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:		DHHS, Office for Family Independence		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Debbie Weston		
(If applicable) Department Reference #:		OFI-25-009		
Amount: (Contract/Amendment/Grant)		\$2,706,220.00	Advantage CT / RQS #:	CT 10A 202407260000OFI25009
CONTRACT	Proposed Start Date:	10/1/2024	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:		Sunrise County Economic Council Machias, Maine		
Brief Description of Goods/Services/Grant:		Employment and Training Services		

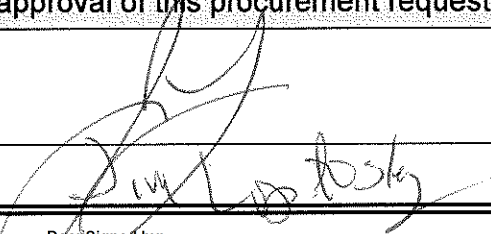
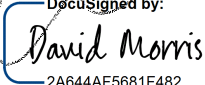
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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.	
	The purpose of this agreement is to deliver two separate SNAP Employment and Training programs in Washington County as well as a TANF-funded two-generational program, which provides post-secondary education for parents and high-quality early childhood education for their children. Maine SNAP program is required by federal guidelines to provide Employment and Training Services for SNAP recipients to assist them in finding sustainable employment.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
	<p>Family Futures Downeast is a unique two-year program intended to assist young rural families in breaking the poverty cycle by providing two-generational support to both parent and child. While the parent is engaging in college courses, the child participates in early educational services on-site. Both parent and child receive comprehensive support to assist in this demonstration. The services provided to FFD participants are funded by both TANF and SNAP funds, as part of the employment and training services required by each program. The FFD program combines college classes and community support. These services are not provided by the Department and cannot be delivered by any one entity of the multiple agencies participating. This unique project combines multiple community agency services, all of which will subcontract with Sunrise County Economic Council to administer this program.</p> <p>Start Up Downeast is an employment and training program for SNAP recipients that is conducted in partnership with Washington County Community College. The program will assist participants in completing certificate and associates degree programs.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
	The Department reviewed the budgets presented by the Provider and finds them reasonable and necessary to support the training needs of its TANF and SNAP clients who are seeking employment and training services. The services will be funded and/or matched by the Temporary Assistance for Needy Families (TANF) and United States Department of Agriculture- Food and Nutrition Services federal programs.
4. Describe the plan for future competition for the goods or services.	
	The Department does not intend to competitively procure these services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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:		Date:	26 Aug 24
Signature of DAFS Procurement Official:	DocuSigned by:  2A644AF5681F482...		
Typed Name:	David Morris	Date:	11/14/2024

NOI 1120241334 11/14/2024 - 11/20/2024