



## 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:		Maine Department of Labor- BES		
Department Contract Administrator or Grant Coordinator:		Angelina Klouthis Jean		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 185,400	Advantage CT / RQS #:	12A 20241028000000001084
CONTRACT	Proposed Start Date:	12/1/2024	Proposed End Date:	10/31/2025
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:		Cedars Nursing Care Center Inc dba The Cedars, Portland ME		
Brief Description of Goods/Services/Grant:		The Provider will train 60 Earn-While-You-Learn Certified Nursing Assistants (CNA) and an additional 100 incumbent workers resulting in 180 badges for CNA Geriatric Specialists in the State of Maine. Eligible CNAs will first be trained in Dementia Care and Age Friendly Care, and upon successful completion of the first two badges would then be eligible to		

	complete the Geriatric Specialist Micro-Credential with a final course in Resiliency.
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**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

**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 contract is to continue investments in training and stackable credential attainment for incumbent frontline healthcare workers in patient facing roles who live in Maine. The Provider offers the training program specializing in dementia care in the State of Maine.

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

The Cedars offers the only Dementia Care training available in the State of Maine and welcomes eligible healthcare workers from any employer into the training program.

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

The Cedars has a proven track record working with Tuition Remission. The Cedars is committed to identifying eligible candidates, support MDOL with all program data collection needs, resulting in demonstrated wage gain and continued employment. The price of the training is the equivalent of other training providers across the State for similar programs, although it is one-of-a-kind.

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

The Business Case (H.23.1- ARPA Tuition Remission) approving use of these one-time MJRP/ARPA funds. At this time there is no plan to continue this funding/project beyond the contract period.

**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.

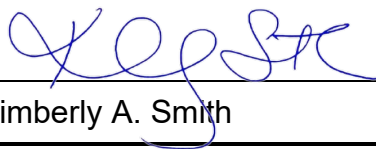

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

*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:	Kimberly A. Smith	Date:	11/1/2024
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Thomas Paquette 249502C7B71A49A...</small>		
Typed Name:	Thomas Paquette	Date:	11/15/2024