



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 #:		NA		
Amount: (Contract/Amendment/Grant)		\$ 468,075	Advantage CT / RQS #:	12A 20241023000000001064
CONTRACT	Proposed Start Date:	12/1/2024	Proposed End Date:	7/31/2026
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:		Maine Primary Care Association, Augusta ME		
Brief Description of Goods/Services/Grant:		The Maine Primary Care Association will train 65 Earn- While-You-Learn incumbent healthcare workers as Medical Assistants, Dental Assistants, Phlebotomy, and Expanded Function Dental Assistants at Federally		

	Qualified Health Centers throughout the State of Maine and offer support services as needed to ensure successful completion of training programs to upskill workers.
--	--

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 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 has a unique ability to support Federally Qualified Health Centers throughout the State of Maine and offer support services as needed to ensure successful completion of training programs to upskill workers.

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

The Maine Primary Care Association is the only group in the State of Maine with access to all Federally Qualified Health Centers. This ensures access to training for workers serving the community members who most need it.

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

The MPCA has a proven track record working with Tuition Remission. In the last year alone, they connected 43 workers to Tuition Remission and this contract will support an additional 65 unique healthcare workers to meet the goals of the program. MPCA has demonstrated the ability to identify eligible candidates, support them with all

PART III: SUPPLEMENTAL INFORMATION

program data collection needs, resulting in demonstrated wage gain and continued employment.

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

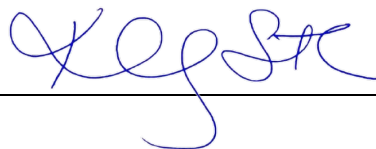
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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:	DocuSigned by: <i>Thomas Paquette</i> 249502C7B71A49A...		
Typed Name:	Thomas Paquette	Date:	11/20/2024