

**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/OADS/Community and Employment Services/Lisa Sturtevant/Stacy Foster	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Matt Galletta	
(If applicable) Department Reference #:		ADS-24-9481	
Amount: (Contract/Amendment/Grant)		\$ 15,000.00	Advantage CT / RQS #: CT 10A 2023103000000001241
CONTRACT	Proposed Start Date:	11/1/2023	Proposed End Date: 10/31/2024
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:		University of Maine System (New Ventures Maine)	
Brief Description of Goods/Services/Grant:		Self-Employment Pilot Project	

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 procure a one (1) year pilot program that provides support and oversight to the redesign of a self-employment curriculum for Maine that will support people with disabilities to learn about and develop a plan for self-employment.

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

The Provider currently provides support and classes to assist people in exploring and planning for self-employment. The Provider has experience in assisting Mainers develop business plans that have led to successful small business start-ups. The Provider is a Maine-based entity that provides tuition free programs for career, business, and financial education and has provided services in Maine for forty (40) years. The Provider Staff are skilled in customer service and understand the specific resources and connections needed, such as to the Small Business Development Center (SBDC). The Provider has an Advisory Council appointment by the Governor that provides strategic guidance and support. There are no similar entities in Maine who are equally qualified to provide the services outlined in the contract.

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

The Department has determined that the Staff hourly costs align with other contracts similar in scope of services. The Provider's costs are \$150.00 per hour for staff time for curriculum revision and \$250.00 per hour for Individual Advising.

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

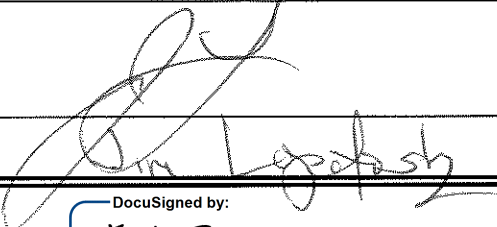

The Department will determine the need of the services going forward pending the outcome of the pilot.

### 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:		Date:	4-Dec-23
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	kathy Paquette	Date:	12/13/2023