



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:	DOL/BRS		
Department Contract Administrator or Grant Coordinator:	Shannon Burns		
(If applicable) Department Reference #:	N/A		
Agency Department Code:	12A	Advantage CT / RQS #:	20250923*0573
Amount: (Contract/Amendment/Grant)	\$35,000		
<b>CONTRACT</b>	Proposed/Original Start Date:	<b>10/1/2025</b>	Proposed/Most Recent End Date: <b>9/30/2026</b>
<b>AMENDMENT</b>	New Effective Date:		New End Date (if Applicable):
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	University of Southern Maine/ Maine Small Business Development Center University of Southern Maine 55 Exeter St., PO Box 9300 Portland, ME 04104-9300		
Brief Description of Goods/Services/Grant:	Business Consultation 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. Higher Education Cooperative Project	<input type="checkbox"/> L. Other Authorization
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Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p> <p>This contract allows for business advising and start up support for individuals with disabilities pursuing self-employment, which BRS cannot provide.</p>
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.</p> <p>SBDC is an expert in advising small business owners and supporting individuals to look at business feasibility, business plan development, and business start-up activities.</p>
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p> <p>The cost was negotiated with the vendor after looking at rates other states are paying for these services and searching for other possible vendors.</p>
<p>4. Describe the plan for future competition for the goods or services.</p> <p>BRS is currently receiving technical assistance around self-employment from the National Disability Institute. BRS will be working with them to explore additional options for vendors. If other options become available, we would explore doing an RFP.</p>

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) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

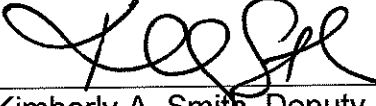
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE
<p><i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.</i></p>

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

**PART VI: APPROVALS**

**Governor/Department Commissioner or Designee**

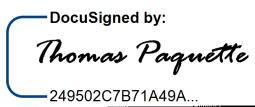
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kimberly A. Smith, Deputy Commissioner	Date:	12/11/2025

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:			
Typed Name:	Thomas Paquette	Date:	12/15/2025