



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 - SNAP E&T			
Department Contract Administrator or Grant Coordinator:	Althea Harris / Melanie Boucher			
(If applicable) Department Reference #:	OFI-24-018			
Amount: (Contract/Amendment/Grant)	\$ 191,710.00	Advantage CT / RQS #:	10A 20230818000000000461	
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date:	09/30/2025
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:	Lewiston Auburn Metro Chamber of Commerce Lewiston, Maine			
Brief Description of Goods/Services/Grant:	SNAP Employment and Training Program Services			

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

Strengthen LA will provide SNAP E&T employment and training services. The services will primarily be focused in construction, early childhood education, healthcare and other SNAP Employment and training components. The Provider will also deliver SNAP E&T in other career fields to SNAP E&T participants who reside in the Lewiston/Auburn area.

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

The Provider has been assessed by the SNAP E&T team using an assessment tool that was approved by the FNS-funded SNAP to Skills technical assistance team. The Provider continues to deliver services associated with these SNAP E&T program needs.

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

The Provider submitted a budget which was reviewed by the Department and found to be acceptable. The Budget will allow reimbursement for up to 30 SNAP E&T Participants per year, with reimbursement up to \$94,746.00 in Year 1, and up to \$96,964.00 in Year 2. Total project costs are estimated to be \$383,420.00, which when reimbursed at 50% is a total of \$191,710.00 reimbursed through this agreement. The program costs include administrative and staffing costs for services delivered to participants. Program costs also include Participant reimbursements and tuition adhering to the Department's caps identified in the agreement and reimbursed at 50% of allowable costs.

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)


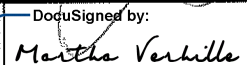
Does this request utilize ARPA/MJRP funds?

☐ 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:	25-3p-23
Signature of DAFS Procurement Official:	Do you Signed by: 		
Typed Name:	891CE7A1493D45B... Martha verhille	Date:	1/5/2024