



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:		Department of Health and Human Services, Office for Family Independence	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank	
(If applicable) Department Reference #:		Multiple, See Addendum	
Agency Department Code:	10A	Advantage CT / RQS # :	Multiple, See Addendum
Amount: (Contract/Amendment/Grant)		Multiple, See Addendum	
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date: 9/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Multiple, See Addendum	
Brief Description of Goods/Services/Grant:		SNAP Outreach	

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 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. Higher Education 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 Department has determined that SNAP Outreach services are crucial to reach food insecure Mainers who may be eligible for SNAP benefits and does not have staffing resources to conduct this community outreach. The community work conducted by these providers is integral to reaching Mainers and informing them of and assisting them with applying for SNAP benefits.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

These twelve (12) vendors responded to a Department Request for Quotes and were determined willing and qualified after a Department review of the vendors' proposals and their demonstrated work in the community.

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

The Department reviewed the rates and budget and determined them fair and reasonable. The Providers are being reimbursed for 50% of their allowable costs for these services and are contributing 50% non-federal funds to this initiative.

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

There is no plan to competitively bid for this service.

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

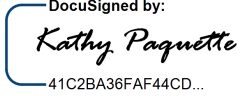
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	A. M. Lapointe	Date:	25-Sept-25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

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

Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/9/2025

DHHS Office: OFI
 Service: SNAP Outreach SFY26

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
Full Plates Full Potential Empowered Immigrant Women Unite!	OFI-26-023	202508270000OFI26029	10/1/2025	9/30/2026	\$80,640.07
Food AND Medicine Gateway Community Services	OFI-26-028	202508270000OFI26023	10/1/2025	9/30/2026	\$32,451.00
Good Shepherd Food Bank	OFI-26-029	202508270000OFI26028	10/1/2025	9/30/2026	\$72,099.53
Healthy Acadia	OFI-26-031	202508270000OFI26031	10/1/2025	9/30/2026	\$60,183.39
Maine Access Immigration Network	OFI-26-036	202508270000OFI26036	10/1/2025	9/30/2026	\$74,207.00
Maine Community Integration	OFI-26-038	202508270000OFI26038	10/1/2025	9/30/2026	\$60,955.41
Hand in Hand / Mano en Mano	OFI-26-039	202508270000OFI26039	10/1/2025	9/30/2026	\$111,558.00
New England Arab American	OFI-26-040	202508270000OFI26040	10/1/2025	9/30/2026	\$24,141.38
Somali Bantu Community Assoc	OFI-26-041	202508270000OFI26041	10/1/2025	9/30/2026	\$44,710.00
Southern ME Agency on Aging	OFI-26-043	202508270000OFI26043	10/1/2025	9/30/2026	\$25,335.30
	OFI-26-044	202508270000OFI26044	10/1/2025	9/30/2026	\$31,271.63
	OFI-26-046	202508270000OFI26046	10/1/2025	9/30/2026	\$104,512.50
Total Agreements	12			Totals	\$722,065.21