



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:		DHHS/Office for Family Independence - SNAP E&T		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger/Nicole Mitchell		
(If applicable) Department Reference #:		OFI-26-018		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 10A 202508130000OFI26018	
Amount: (Contract/Amendment/Grant		\$ 171,372.00		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	9/30/2027
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:		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			
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.

Strengthen LA will provide SNAP E&T employment and training services. The services will primarily be focused on 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. The Provider will deliver a statewide remote and in-person Job Readiness Certificate course available to SNAP E&T participants statewide.

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.

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 70 SNAP E&T Participants per year, with reimbursement up to \$89,540.00 in Year 1, and up to \$81,832.00 in Year 2. Total project costs will be reimbursed at a total of \$171,372.00.

The Provider will be reimbursed at 100% of allowable costs up to \$12,000.00 for a job readiness certificate program available to SNAP E&T participants statewide.

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, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

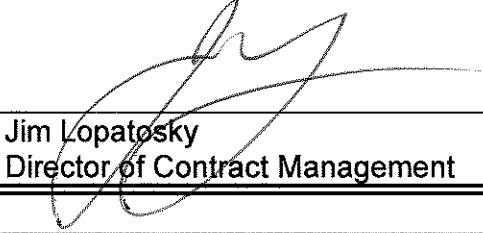
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	Jim Lopatosky Director of Contract Management	Date:	8-Sep-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:	12/3/2025