



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:		DOL/DVR	
Department Contract Administrator or Grant Coordinator:		Annette Stevens	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 372,665.00	Advantage CT / RQS #:	20240522*3356
CONTRACT	Proposed Start Date:	6/1/2024	Proposed End Date: 9/30/2025
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:		Maine Health DBA Maine Medical Center Portland, Me	
Brief Description of Goods/Services/Grant:		Benefits Counseling Services for the Pathways to Partnerships (P2P) grant.	

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 checked="" 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 checked="" 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.

Maine was awarded the Pathways to Partnerships (P2P) Disability Innovation Fund Grant from the Rehabilitation Services Administration, Office of Special Education and Rehabilitative Services, U.S. Dept. of Education. The overall goal of the Maine P2P project is to develop a collaborative innovative systemic model to effectively improve transition services across agencies to increase Competitive Integrated Employment for children and youth with disabilities. One of the primary objectives in reaching this goal is to increase stakeholder knowledge of work incentives and benefits counseling for individuals who receive Social Security benefits.

Maine Medical Center's Department of Vocational Services Benefits Counseling Services (BCS) will gather stakeholder input about the benefits counseling and financial literacy needs of Maine children and youth with disabilities and their families. The feedback will be used to develop the model aimed at increasing the number of youth with disabilities engaged in benefits counseling, employment, and financial planning.

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

Maine Medical Center's Department of Vocational Services was chosen through RFP by the Social Security Administration (SSA) to deliver WIPA services in Maine. This ensures that benefits counselors, or Community Work Incentive Coordinators (CWIC) are well trained and fully qualified to provide the complicated benefits information for no cost to Maine citizens. No other contractor in Maine has these qualifications.

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

The costs outlined in the budget for this contract were negotiated and agreed upon prior to the application for the Disability Innovation Fund Grant. Maine was awarded the grant with the approved costs.

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

Competition for this service is administrated by the Social Security Administration through RFP. If there is a new RFP awarded bidder, Maine will contract with the awarded entity.

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).

<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

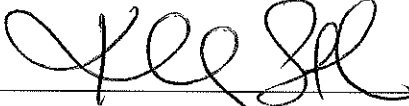
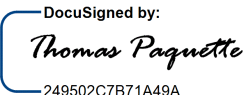
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Laura A Fortman, Commissioner	Date:	7/11/2024
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Thomas Paquette 249502C7B71A49A...</small>		
Typed Name:	Thomas Paquette	Date:	7/22/2024