



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:		Department of Corrections, Division of Juvenile Services	
Department Contract Administrator or Grant Coordinator:		Sonja Morse	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$20,000.00	Advantage CT / RQS #:	2022052600000003063
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	12/20/2022
	Previous End Date:	New End Date:	6/30/2023
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		University of Southern Maine, 34 Bedford Street PO Box 9300, Portland, ME, 04104-9300	
Brief Description of Goods/Services/Grant:		Diversion to Assets	

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 checked="" 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. 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.

PART III: SUPPLEMENTAL INFORMATION

The Department of Corrections has identified a large population of youth who are first-time offenders who need to be diverted to community supports and sanctions, rather than costly involvement with the courts and juvenile corrections. The DOC created the Diversion to Assets (D2A) pilot in 2008 through the existing Communities for Children and Youth (C4CY) initiative of the Governor's Children's Cabinet.

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

The purpose of the Diversion to Assets program is to divert youth away from involvement in sanctions using governmental resources. Rather, the purpose is to engage a wide range of local community partners and resources to redirect and support these youth. The specific contractor is the network of providers involved in Communities for Children and Youth—consisting of 30 local community coalitions throughout the State of Maine—that have identified themselves as partners with the Children's Cabinet in the work of prevention and positive youth development. There is no other such network in Maine, and the local communities involved include many non-profit and local governmental agencies in their local C4CY collaboration. The need is to update out of date materials for the program to ensure that they are evidence-based, trauma informed, and gender responsive.

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

Personnel savings were approved by the Governor through a financial order for use of one-time, single use, funds to providers in need. The provider requested \$20,000.00

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

These are one-time, single use, funds that will not be allocated for the same purpose in future years.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)


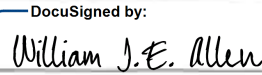
Does this request utilize ARPA/MJRP funds?

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:	Christine Thibeault	Date:	12/19/2022
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	2D5B6E39F57E44A... william J.E. Allen	Date:	1/11/2023

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