



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)	\$ 25,000.00	Advantage CT / RQS #:	20221214000000001672
CONTRACT	Proposed Start Date:	12/20/2022	Proposed End Date: 12/30/2023
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:		Sweetser	
Brief Description of Goods/Services/Grant:		Attachment, Self-Regulation and Competency (ARC) Trauma Treatment for Children and Adolescents Training	

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 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 Maine Department of Corrections is in need of building and maintaining relationships with local law enforcement agencies to improve outcomes for justice involved youth. Attachment, Self-Regulation and Competency (ARC) Trauma Treatment for Children and Adolescents Training will directly reduce the need for law enforcement involvement at Sweetser locations across the state due to Clinicians being trained in trauma-informed and crisis stabilization care.

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

Sweetser is a nonprofit community mental health provider with a statewide network of care offering services to people of all ages in mental and behavioral health, intellectual and developmental disabilities, recovery, and education. Accredited by the national Council on Accreditation, Sweetser serves approximately 20,000 children and adults each year. Sweetser has served Maine children and families since 1828, and since 1960 has been providing residential treatment and services to youth and families. Sweetser was awarded the Margaret Chase Smith Quality Award in 2002, recognizing the organization's achievement integrating quality improvement throughout an expansive network of care. Due to the above experience, Sweetser is able to reach over 75 clinicians for this training to ensure that all professionals working with children, youth, and families are adequately trained in trauma-informed care, crisis stabilization, and treatment.

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 \$25,000.00

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)


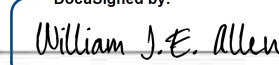
Does this request utilize ARPA/MJRP funds?

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:	20586E39F57E44A William J.E. Allen	Date:	1/17/2023

NOI 0120230047 01/17/2023 - 01/23/2023