



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)	\$ 100,000.00	Advantage CT / RQS #:	202104220000002902
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:		New Beginnings, 134 College Street, Lewiston ME 04240	
Brief Description of Goods/Services/Grant:		Housing	

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 Maine Department of Corrections (MDOC) is in need of housing supports for youth reentering the community following secure confinement or youth who are involved with the juvenile justice system, in Juvenile Region 2 . MDOC is looking for a provider that has a master leasing, scattered site apartment setting with intensive case management services to support the justice involved youth, in Juvenile Region 2, and an emergency shelter in Juvenile Region 2.

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

This contractor is currently the only licensed emergency shelter program located in Southern and Central Maine that is willing to take DOC referrals. It provides an array of less restrictive detention alternative services directed towards those youth being supervised through the DOC including those who are one step away from being detained or committed, who are homeless, and those who are run-a-ways or on the verge of being homeless or a run-a-way due to the current domestic issues they are face with. To ensure that youth are served in the community, the one-time funds will supplement budget deficits in the program to serve youth at full capacity.

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 \$100,000.00.

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?

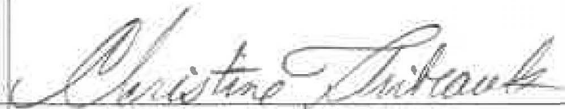
Yes – If Yes, please attach the approved Business Case(s).

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: 12/20/2022

Signature of DAFS Procurement
Official:

DocuSigned by:
William J.E. Allen

Typed Name: William J.E. Allen

Date: 1/19/2023

NOI 0120230056 01/19/2023 - 01/25/2023