



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:		Division of Juvenile Services	
Department Contract Administrator or Grant Coordinator:		Sonja Morse	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$35,000.00	Advantage CT / RQS #:	2021042200000002905
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2021	Effective Date:
	Previous End Date:	6/30/2022	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Carleton project, P.O. Box 562, Houlton, ME, 04730	
Brief Description of Goods/Services/Grant:		Alternative Education 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 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.

There is a need for youth residing in Aroostook, Piscataquis and Penobscot Counties who are moderate to high risk on the YLS/CMI and between the ages of 16-21 with a history of school failure, expulsion or are under court order to stay away from school in accessing alternative education services. There is a need for additional space to increase youth served in current location.

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

The vendor has a long history working with Department of Juvenile services youth successfully in multiple sites within Region 3. This vendor can admit and provide educational services to any DJS referred youth in their catchment when the youths sending school is not an option (due to suspension, expulsion, or court orders ruling the youth not to return). This vendor has the unique skill of accepting and providing both education as well as advocacy for the youth in returning to their sending school when feasible. The vendor has multiple sites scattered within Region 3. One-time funds for renovations & upgrading current location to reconfigure floorplan of current space to serve more youth.

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 \$35,000 to improve upon the current building infrastructure to increase space to increase youth served. This is deemed fair and reasonable by the Department.

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: 		
Typed Name:	2D5B6E39F57E44A... William J.E. Allen	Date:	1/19/2023

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