



**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 #: 2021050300000003015
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	07/01/2022	Effective Date:
	Previous End Date:	6/30/2023	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Preble Street Teen Services, 38 Preble Street, Portland ME 04101	
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 1. 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 1.

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

Preble Street established Preble Street Teen Services (PSTS) in 1996 to provide low-barrier day shelter and services to youth experiencing homelessness in a setting separate from adults. In the ensuing 25 years, Teen Services has grown to include the largest licensed youth shelter in the state, an outreach program, and a transitional living program. Preble Street Teen Center and Teen Shelter are located directly across the street from each other and collectively provide 24 hour/365-day services for YYA experiencing homelessness. Additionally, PSTS runs a scattered-site Transitional Living Program, **First Place**, that provides master leasing, tiered rental reimbursement, and intensive case management for youth exiting homelessness. Preble Street has the experience, expertise, and capacity to carry out the needs of the department and is the only provider located in juvenile region 1, that is willing to take justice involved youth, that provides a master leasing/scattered site apartment setting with intensive case management. The program also has flexible funding to ensure low-barrier fiscal stability for youth to successfully reenter into the community.

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.

<b>Signature of requesting Department's Commissioner (or designee):</b>			
<b>Typed Name:</b>	Christine Thibeault	<b>Date:</b>	12/20/2022
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: 		
<b>Typed Name:</b>	2D5B6E39F57E44A... William J.E. Allen	<b>Date:</b>	1/19/2023

NOI 0120230058 01/19/2023 - 01/25/2023