



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) | \$ 60,000.00 | Advantage CT / RQS #: | 2021050500000003065 |
| 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: | | The Opportunity Alliance, 50 Lydia Lane, South Portland, ME 04108 | |
| Brief Description of Goods/Services/Grant: | | Hi-FI Wrap | |

| 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 |
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| 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) has a critical needs in each region and for youth coming out of Long Creek, to receive wraparound facilitation, individual planning funds (direct and indirect supports), and continue case management supervision. These services are critical for delivering positive youth outcomes and decreasing recidivism rates statewide.

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

The Opportunity Alliance is located in the southern part of the state near Long Creek Youth Development Center and is the only provider in that area that has a history of administering flexible funding for the department for justice involved youth in need. Opportunity Alliance is uniquely qualified to provide these services given their experience with DOC and executing the services, as well as their geographic location related to the departments specific need. The provider is uniquely positioned to administered Flex Fund Dollars due to policies and procedures already in place and mechanisms to administer flex fund dollars.

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

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 \$60,000.00

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)


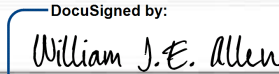
Does this request utilize ARPA/MJRP funds?

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: 1/3/2023 |
| Signature of DAFS Procurement Official: | DocuSigned by:  | |
| Typed Name: | 2D5B6E39F57E44A... William J.E. Allen | Date: 1/19/2023 |

NOI 0120230064 01/20/2023 - 01/26/2023