



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)		\$ 150,000.00	Advantage CT / RQS #: 2022052600000003064
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:		Tree Street Youth, 144 Howe Street, Lewiston ME 04240	
Brief Description of Goods/Services/Grant:		Afterschool programming	

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 is in need of an Evening Reporting Center located in Lewiston, ME to increase access to safe after-school activities, access to peer and adult mentors, and improve positive youth outcomes. It is needed in this geographical population to address the specific identified barriers and unmet needs regarding structure, supervision and support directly contributing to the influx of crime during after-school and evening hours.

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

Tree Street Youth Evening Reporting Center is located in Lewiston, Maine. Tree Street is in walking distance from Lewiston High/Middle school and neighborhood homes. The Evening Reporting Center serves approximately 120-150 youth daily and served 37 corrections involved youth in 2019. The families that are served within this program are from immigrant or refugee population, indicating the need for a community-based program and culturally diverse and competent personnel to meet the unique needs of the youth and families. The program was established in 2011 and is successful in meeting the unique needs of the Lewiston, Maine diverse population, by providing educational, vocational, mentoring, and youth support to improve positive youth outcomes. Tree Street is in need of a temporary employee to ensure all youth receive restorative opportunities in 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 \$150,000.00.

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)


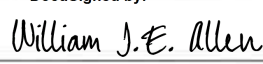
Does this request utilize ARPA/MJRP funds?

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

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