



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)		\$ 76,000.00	Advantage CT / RQS #: 202205200000002982
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:		Restorative Justice Project Maine, PO BOX 141 Belfast, ME 04915	
Brief Description of Goods/Services/Grant:		Restorative Justice	

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 (DOC) has the continued need for a community-based intervention program that will reduce the recidivism rate while also providing youth the skills and knowledge necessary to safely avoid future contact with the DOC. The mission of DOC is to promote public safety by ensuring that juveniles under DOC jurisdiction are provided with risk-focused interventions, quality treatment, and other services that teach skills and competencies; strengthen pro social behaviors and require accountability to victims and communities.

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

RJP MAINE has been providing effective Restorative Justice for over 13 years. RJP MAINE is the only provider that provides RJ services in Waldo, Knox, Lincoln, Sagadahoc, and Hancock Counties. The provider will collaborate with Corrections and Department of Education to develop Restorative Practices programming for schools across the state. Each juvenile offender is assigned a screened and trained adult mentor for the period between the initial conference that develops the reparative agreement and a closing conference that celebrates the juvenile fulfilling the requirements of the agreement. The average length of time for fulfilling agreements is twelve weeks, but mentoring has continued for up to eighteen months, depending on need. Restorative justice works by recruiting citizens into the work of restoration of offenders, victims and communities. RJP MAINE has enrolled over 350 volunteer mentors, over 80 of whom are actively mentoring juvenile and adult offenders.

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 \$76,000.00.

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)


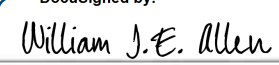
Does this request utilize ARPA/MJRP funds?

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: 1/23/2023
Signature of DAFS Procurement Official:	DocuSigned by: 	
Typed Name:	2D5B6E39F57E44A... William J.E. Allen	Date: 1/25/2023

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