



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:		DHHS / OCFS	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Stacy Martin	
(If applicable) Department Reference #:		OVP-24-2400	
Amount: (Contract/Amendment/Grant)	\$ 384,794.07	Advantage CT / RQS #:	CT 10A 20230824*527
CONTRACT	Proposed Start Date:	10/01/2023	Proposed End Date: 09/30/2024
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		United Somali Women of Maine Lewiston, Maine	
Brief Description of Goods/Services/Grant:		Support Services for Immigrant, Refugee and Asylum Seeker Victims	

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 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.

The purpose of this agreement is to provide Victims, who are a part of immigrant, refugee and asylum seeker communities, culturally and linguistically sensitive services that promote a safe, healthy and equitable future. This agreement meets the Departments' Office of Child and Family Services' Strategic Goals #1 and #2 to improve stability, health and wellbeing, establish quality permanent connections of individuals and families, and to improve the safety of youth, families and communities. The Provider shall promote empowerment and a multi-cultural environment for Victims who are primary refugees, secondary immigrants, and/or asylum seekers by serving as cultural brokers and assisting Victims by reducing barriers and enhancing skills.

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

The United Somali Women of Maine has staff with specific cultural and linguistic abilities to deliver specialized Victim Services to the Target Population. United Somali Women of Maine is a nonprofit organization, eligible for VOCA, SASP and FVPSA grant funding, to provide Victim Services. The purpose of this agreement is to continue services to enhance culturally and linguistically specific services for Victims within the immigrant, refugee and asylum seeker populations residing in Maine.

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

The costs for these services are comparable to costs allocated to providers of similar services within the State and New England.

4. Describe the plan for future competition for the goods or services.

The Department recently completed a statewide victim needs assessment and the outcome, together with additional supplemental information, will inform the future strategic funding plan for violence prevention services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

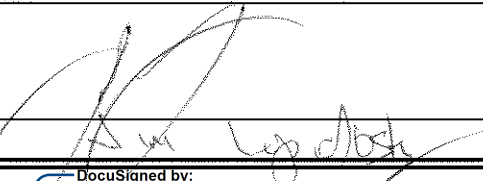

Does this request utilize ARPA/MJRP funds?

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:		Date: 19-Dec-23
Signature of DAFS Procurement Official:		
Typed Name:	Kathy Paquette	Date: 1/17/2024