



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

## 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:		Corrections/Juvenile Justice Advisory Group	
Department Contract Administrator or Grant Coordinator:		Linda Barry Potter	
(If applicable) Department Reference #:		NA	
Amount: (Contract/Amendment/Grant)	\$ 42,000.00	Advantage CT / RQS #:	CT 03A 20231212*1671
CONTRACT	Proposed Start Date:	<b>12/15/2023</b>	Proposed End Date: 6/3/2024
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:		Carter Development Group 8147 Lagos de Campo BLVD, Tamarac, FL 33321	
Brief Description of Goods/Services/Grant:		The Carter Development Group will provide strategic planning services to the JJAG for their 3-Year Plan.	

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 checked="" 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 Carter Development Group will provide strategic planning services to ensure the State Advisory Groups 3-Year Plan has goals that are inclusive and have measurable outcomes for the communities the goals are implemented in regarding the lowering racial and ethnic disparities.

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

The Carter Development Group has completed a training of the Juvenile Justice Advisory Group regarding inclusion, leadership, conscious and unconscious bias as well as the brain science behind biases. His training is the building blocks of their next 3-Year Plan for Federal Title II Funds for Federal Fiscal Years 2024- 2027. He is uniquely situated as he knows the members and has worked with them for the past 18 months, as well as having worked with them on the shared decision-making strategies.

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

The costs are fair and reasonable for this type of strategic planning model. Funding will come from Title II Award 15JDP22GG04f27MUMU line 22MCT.

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

JJAG does not intend to hire anyone in the future for this service. If they do a competitive process would be held.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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):

DocuSigned by:

*Christine Thibeault*

Typed Name:

Christine Thibeault, Associate  
Commissioner

Date:

1/21/2024

Signature of DAFS  
Procurement Official:

		DocuSigned by: <i>William J.E. Allen</i> 2D5B6E39F57E44A...	
Typed Name:	William J.E. Allen	Date:	1/23/2024

NOI 0120240077 01/23/2024 - 01/29/2024