



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:	DOC/ JJAG			
Department Contract Administrator or Grant Coordinator:	Linda Barry Potter			
(If applicable) Department Reference #:	NA			
Amount: (Contract/Amendment/Grant)	36,000	Advantage CT / RQS #:	CT 03A 2022052*2980	
CONTRACT	Proposed Start Date:	Click or tap to enter a date.	Proposed End Date:	Click or tap to enter a date.
AMENDMENT	Original Start Date:	7/1/2022	Effective Date:	6/30/2023
	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:		Downeast Restorative Justice 207 Southern Bay Road Penobscot ME 04476		
Brief Description of Goods/Services/Grant:		Detention Alternatives Restorative Justice 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 checked="" 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.	The JJAG supports community programs that align with the approved 3-year plan and is looking to support restorative practices in Hancock County to provide a community centered alternative. This provider will provide restorative justice services to youth and young adults (24) within Hancock county. The provider will track how many services they provide, how many youth are served by their program, gender, race, age, and ethnicity of youth they serve and outcome measures to the JJAG .
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Downeast Restorative Justice is the only agency that provides Restorative Justice Programming in Hancock County Maine. Downeast Restorative Justice was originally formed in 2016 as the Hancock County Reparations Board (HCCRB). They are a registered nonprofit with the State of Maine and have a robust Board of Directors, of 8 people, that have combined decades of experience in Restorative Justice.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Downeast Restorative Justice completed an application for funding and presented to the JJAB Board that they had braided funding with DOC and community donations. This request was approved by a Board unanimous vote on 1/20/23. This request will be funded as a alternative to detention, assisting in building a robust community alternatives to the juvenile justice system in Maine, for all youth, including historically marginalized communities in Hancock County.
4. Describe the plan for future competition for the goods or services.	At this time there are not future plans for providing ongoing financial support to this provider.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	1/31/2023
Signature of DAFS Procurement Official:	DocuSigned by: 
Typed Name:	<small>2D5B6E39F57E44A...</small> William J.E. Allen
Date:	2/3/2023

NOI 022023118 02/03/2023 - 02/09/2023