

**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 Shawn Belanger		
(If applicable) Department Reference #:		CFS-22-617A		
Amount: (Contract/Amendment/Grant)	Original:	\$ 435,475.00	Advantage CT / RQS #:	CT 10A 20210618000000003746
	Amend A:	\$ 290,312.00		
	Revised:	\$ 725,787.00		
CONTRACT	Proposed Start Date:		Proposed End Date:	
	AMENDMENT	Original Start Date:	07/01/2021	Effective Date:
	Previous End Date:	06/30/2022	New End Date:	02/28/2023
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		University of Southern Maine System dba University of Southern Maine Portland, ME		
Brief Description of Goods/Services/Grant:		Youth Leadership Development Services		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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 checked="" type="checkbox"/>	L. Other Authorization- RFP Extension

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 improve outcomes for the State's Youth in Care, ages fourteen (14) to twenty-one (21), by providing a variety of Youth Leadership and Development Services (YLDS). The Department is required to establish YLDS, as defined by the John H. Chafee Foster Care Independence Act, Fostering Connections to Success and Increasing Adoptions Act of 2008, and Preventing Sex Trafficking and Strengthening Families Act.

This Amendment is being done to extend the Agreement for six (6) months due to delays in the RFP. It also removes the ICWA services and includes funding and language changes for the extension period.

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

The provider was selected through competitive bidding RFP 201702025.

Initial Start Date *	7/1/2017	Initial End Date *	6/30/2019
Renewal 1 Start Date	7/1/2019	Renewal 1 End Date	6/30/2021
Renewal 2 Start Date	7/1/2021	Renewal 2 End Date	6/30/2022

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

The rates were accepted as proposed in Provider's bid for services. The cost was considered fair, reasonable and the best value for the Department.

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

The Department has recently completed the competitive bidding process, RFP 202209150, and plans to competitively procure this service with an anticipated contract start date of 7/1/2027

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

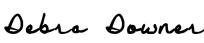

Does this request utilize ARPA/MJRP funds?

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):	DocuSigned by:  5DC6307B8558482...		
Typed Name:	Debra Downer, Deputy Director for Competitive Procurement	Date:	Jan-26-2023
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	2/14/2023