



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)	\$ 282,500.00	Advantage CT / RQS #:	20221216*1695
CONTRACT	Proposed Start Date:	01/01/2023	Proposed End Date: 6/30/2023
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:		Maine Youth Court, 175 Lancaster Street Suite 217A, Portland ME 04101	
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 checked="" 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.

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.

Maine Youth Court d/b/a Youth LED Justice, a 501(c)(3) is supported by the Maine Court System; the district attorney's office in the areas served and local school systems. It allows young people who have violated the law or a school rule to be held accountable by their peers while providing positive alternative sanctions for first-time offenders through a peer-driven process that allows young people to take responsibility, to be held accountable, and be supported to move forward in the most appropriate way. Youth facing substance use challenges are connected with an assessment and treatment services, as well as a Peer Mentor, to help them navigate these challenges. Youth LED Justice, which is run by youth and for youth, volunteers from the community are trained and supported to apply restorative justice principles in considering the needs of the victim, the community, and the youth respondent in each case.

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

The provider was previously fiscally sponsor by another agency and is now a 501(c)(3) and the remaining balance of the unencumbered funds are \$225, 500.00. 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 \$57,000.00

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)


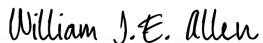
Does this request utilize ARPA/MJRP funds?

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:	1/30/2023
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	2D5B6E39F57E44A... William J.E. Allen	Date:	2/22/2023

NOI 0220230181 02/22/2023 - 02/28/2023