



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Corrections, Juvenile Community	
Department Contract Administrator or Grant Coordinator:		Christine Thibeault	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 5,050.00	Advantage CT / RQS #:	03A 20250214*1155
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date: 2/28/2025
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:		NECCD 733 Turnpike St., #175 North Andover, MA 01845	
Brief Description of Goods/Services/Grant:		Annual conference	

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 New England Council on Crime and Delinquency (NECCD) is made up of affiliates from the six New England States, run solely by volunteer professionals in the areas of Corrections, Probation and Parole, Juvenile Justice and Law Enforcement. All levels of government, including state, local and county agencies are counted amongst its membership. This conference is needed as part of their yearly training.

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

NECCD has grown to become the host of one of the top training institutes in the New England region, rotating to a different New England State each year. NECCD strives to bring current trends, topics and technology to the forefront of the criminal and juvenile justice professions with their training institute while offering opportunities for interagency networking and best practice models from across the country.

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

The conference charges for NECCD are the same as other conferences around in the State.

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

NECCD is the only conference able to provide the training that it brings to this area of Corrections

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: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Conner McFarland</i> FD522942914A4F8...		
Typed Name:	Conner McFarland	Date:	2/14/2025
Signature of DAFS Procurement Official:	DocuSigned by: <i>Justin Franzose</i> AEED9C7B3A8044E...		
Typed Name:	Justin Franzose	Date:	2/18/2025