



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:		DHHS/OCFS/Violence Intervention and Response Program	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank	
(If applicable) Department Reference #:		OVP-26-2210A	
Agency Department Code:	10A	Advantage CT / RQS #:	20250821000OVP262210
Amount: (Contract/Amendment/Grant)		Amend A:	\$50,000.00
		Revised:	\$7,519,963.00
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date: 9/30/2026
AMENDMENT	New Effective Date:	1/1/2026	New End Date (if Applicable): N/A
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maine Coalition Against Sexual Assault (MECASA) Augusta, ME	
Brief Description of Goods/Services/Grant:		Statewide Sexual Assault Coalition dedicated to ending sexual violence in Maine. MECASA supports and represents Maine's sexual assault support centers and works to improve victim services, prevention efforts and advocacy for victim centered public policy and system change.	

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 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. Higher Education 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.	<p>The purpose of this Agreement is to deliver statewide intervention and prevention services in response to sexual violence, sex trafficking, sexual exploitation, and to address the emergent needs of victims and survivors. The Provider shall ensure: 1) Management and oversight of the Sexual Assault Support Centers (SASCs) and the Children’s Advocacy Centers (CACs) for the terms set forth in this Agreement as well as 2) The provision of quality intervention and prevention services by the statewide network of SASCs and CACs.</p> <p>The purpose of this amendment is to add \$50,000 to bring the Provider’s funding in line with what was appropriated in P.L. 2025 Ch. 388. The funds support increased wages for Sexual Assault Advocates.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.	<p>22 M.R.S.A § 1663. Rules, recognizes the Maine Coalition Against Sexual Assault (MECASA) as the state subject matter expert regarding sexual violence.</p> <p>The Department relies on MECASA to provide services and training that keep field staff up to date and proficient in issues and trends in the field, changes to the criminal code, and other statutory requirements. MECASA also provides training, monitoring and written review of specific quality assurance standards for all sexual assault centers in Maine.</p> <p>The expansion of the Child Advocacy Centers statewide was a significant initiative for the Department. MECASA has been the lead partner in the CAC initiative in Maine. It provides all training and technical assistance to each CAC and manages the standards of accreditation for CACs. MECASA also serves as a pass-through for federal funds to the Child Advocacy Centers and all SASCs statewide.</p> <p>Working with MECASA is also the most coordinated, efficient, and effective way to manage standards and quality across the State for services for victims and survivors of sexual assault, child sexual abuse, stalking and human sex trafficking.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>MECASA is the only provider with the infrastructure to provide leadership, oversight and monitoring of all the sexual assault resource centers and CACs statewide.</p>
4. Describe the plan for future competition for the goods or services.	

PART III: SUPPLEMENTAL INFORMATION

This issue is discussed with/by leadership annually and is partly impacted by the availability of federal funds, which in recent years has been unstable. Currently, the Department does not intend to competitively procure this service.

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) or (026) – 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

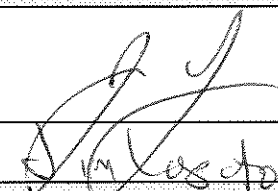
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee


1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>Kathy Paquette</i>	Date:	<i>15-Dec-25</i>

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA26FAF44GD...</small>		
Typed Name:	Kathy Paquette	Date:	2/24/2026