



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:		Shawn Belanger		
(If applicable) Department Reference #:		OVP-26-2010A		
Agency Department Code:	10A	Advantage CT / RQS #:	CT 10A 20250820000OVP262010	
Amount: (Contract/Amendment/Grant)		Current: \$10,077,194.00 Amend A: \$50,000.00 Revised: \$10,127,194.00		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	9/30/2026
AMENDMENT	New Effective Date:	01/01/2026	New End Date (if Applicable):	NA
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine Coalition to End Domestic Violence (MCEDV) Augusta, Maine		
Brief Description of Goods/Services/Grant:		Statewide Domestic Violence Coalition, MCEDV is a crucial organization in Maine, working to end domestic abuse, dating abuse, stalking, elder abuse, and commercial sex trafficking.		

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
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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 provide education, technical assistance and administrative support to a network of domestic violence resources across Maine, including law enforcement, medical professionals, and child welfare agencies working in collaboration to improve response to domestic abuse, to ensure safety protocols are met, and that effective services are provided for survivors of domestic violence and their children. Core roles include establishing supportive services, maintaining emergency shelters and transitional housing, offering a 24-hour helpline, crisis counseling, safety planning and court advocacy assistance for survivors and their children fleeing abusive situations. The Agreement supports the development of policies that prioritize survivor safety while holding abusers accountable, procedures, and protocols to enhance domestic violence intervention and prevention in the State.

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 Domestic Violence Advocates.

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.

MCEDV is the only provider with the infrastructure to provide leadership, oversight and monitoring of all the domestic violence resource centers statewide.

MCEDV plays an important role in helping programs to develop and deliver competent practices consistent with Family Violence Prevention and Services Act (FVPSA) guidance, including the promotion of trauma-informed services that help facilitate the social and emotional well-being of both survivors and their children. MCEDV has many years of experience in the oversight and management of domestic violence emergency shelters statewide and in of providing advocacy and other assistance to survivors.

Working with MCEDV is also the most coordinated, efficient, and effective way to manage standards and quality across the State for services for victims and survivors of domestic abuse and violence.

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

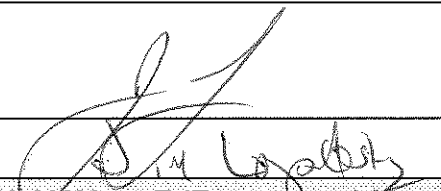
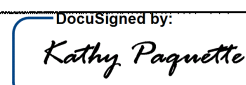
The costs for these services were considered fair and reasonable for the Department.

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

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?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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:	Date: 10-Dec-25
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 <u>designee</u> 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:	DocuSigned by:  41C2BA36FAF44CD...
Typed Name:	Date: 2/24/2026