

State of Maine Procurement Justification Form

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 website (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)	\$ 150,000	Advantage CT / RQS #:	CT 03A 2020022400000002349	
CONTRACT	Proposed Start Date:	July 1 st , 2020	Proposed End Date:	June 30 th , 2021
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:		Learning Works, 181 Brackett Street, Portland, ME, 04102		
Brief Description of Goods/Services/Grant:		Community Service Program		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The Maine Department of Corrections is in need of a provider in Cumberland and York Counties that provides a community service alternative for youth involved with the juvenile justice system. Youth referred will be ages 13 to 18 who have admitted to or been adjudicated of committing a juvenile offense or who have violated conditions of probation or aftercare status. The program will support the referred youth in making repairs for the harm(s) he/she has caused through the completion of community service hours under the supervision of the program.

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Learning Works has been providing programs for adjudicated youth for approximately 20 years and has been providing restorative justice/community service opportunities for at-risk youth for approximately 15 years in York and Cumberland Counties. Learning Works has the capacity to serve 13-18-year-old involved in the juvenile justice system and provides access to community service projects, vocational, educational, case management, and skill building. Since 2014, the provider had successfully served an average of 69 youth per year. 97% of youth who engaged in the program did not recidivate, and there was a 35% decline in the use of secure confinement of youth.

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

The cost for the program in the previous year was \$135,000 in 2019 to serve approximately 110 youth. In 2020, the cost has increased to \$150,000 and has the capacity to served 115 youth. A full budget is provided and the Department considers the cost of the program to be fair and reasonable.

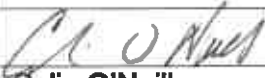
4. Describe the plan for future competition for the goods or services.

At this time, Learning Works is the only community-based restorative justice program across the state. In the future, when/if other providers emerge which are capable of providing this service, the Department will then seek competitive bids.

PART IV: APPROVALS

**Signature of requesting
Department's Commissioner
(or designee):**

By signing below, I signify that I approve of this procurement request.



Printed Name:

Colin O'Neill

Date:

3-4-2020

**Signature of DAFS
Procurement Official:**

DocuSigned by:



Printed Name:

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Kathy Paquette

Date:

3/5/2020