



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)		\$ 90,000.00	Advantage CT / RQS #: 20230119000000001931
CONTRACT	Proposed Start Date:	02/15/2023	Proposed End Date: 06/30/2023
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:		Friends of Long Creek, 675 Westbrook Street, South Portland ME 04106	
Brief Description of Goods/Services/Grant:		Program Administration	

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.

PART III: SUPPLEMENTAL INFORMATION

The Maine Department of Corrections (MDOC) has a critical need to increase equity and improve access to low-barrier services and funding for youth reentering the community from secure confinement, at-risk of secure confinement, or on status with MDOC and adult and youth mentors that have lived experience. MDOC needs a provider that has experience with the Maine Department of Corrections, has an infrastructure in place, low-barrier, and can administer program needs immediately.

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

Friends of Long Creek (FOLC) is an all-volunteer, 501c3 organization founded in 1995 that collaborates with the Long Creek Youth Development Center staff, Juvenile Community Corrections Officers, and other non-profits to develop and fund projects that are critical to reducing criminogenic risk factors and reducing recidivism. The Friends of Long Creek Youth supports programs directed toward returning youth in the Maine criminal justice system to their communities as productive citizens. Due to FOLC being located at Long Creek Youth Development Center and a long and robust partnership with facility and community corrections, FOLC is uniquely positioned to assist in this process and administer program immediately.

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

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 \$90,000.00.

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:	3/8/2023
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	William J.E. Allen	Date:	3/10/2023

NOI 0320230234 03/10/2023 - 03/16/2023