



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 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	
Department Contract Administrator or Grant Coordinator:		Sonja Charest	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$180,000.00	Advantage CT / RQS #:	20240129000000002083
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
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:		Tree Street Youth 144 Howe St. Lewiston, ME 04240	
Brief Description of Goods/Services/Grant:		Evening Reporting Center	

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 Department is in need of an Evening Reporting Center located in Lewiston, ME to increase access to safe after-school activities, access to peer and adult mentors, and improve positive youth outcomes. It is needed in this geographical population to address the specific identified barriers and unmet needs regarding structure, supervision and support directly contributing to the influx of crime during after-school and evening hours.

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

Tree Street Youth Evening Reporting Center is located in Lewiston, Maine. Tree Street is in walking distance from Lewiston High/Middle school and neighborhood homes. The Evening Reporting Center serves approximately 120-150 youth daily and served 37 corrections involved youth in 2019. The families that are served within this program are from immigrant or refugee population, indicating the need for a community-based program and culturally diverse and competent personnel to meet the unique needs of the youth and families. The program was established in 2011 and is successful in meeting the unique needs of the diverse population, by providing educational, vocational, mentoring, and youth support to improve positive youth outcomes.

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

The Department determined that the negotiated cost is consistent with previous years; therefore, the cost is fair and reasonable to successfully complete the desired services.

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

Tree Street Youth is the only evening reporting center in 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: 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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  <small>1EE8D729BD7F495...</small>		
Typed Name:	Christine Thibeault, Assoc. Commissioner	Date:	2/28/2024
Signature of DAFS Procurement Official:	DocuSigned by:  <small>2D5B6E39F57E44A...</small>		
Typed Name:	william J.E. Allen	Date:	3/6/2024

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