



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:		Maine Department of Corrections		
Department Contract Administrator or Grant Coordinator:		Sonja Charest		
(If applicable) Department Reference #:		N/A		
Amount: (Contract/Amendment/Grant)		\$216,000.00	Advantage CT / RQS #:	2024012900000000081
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:		New Beginnings Inc. 436 Main Street, Lewiston, ME		
Brief Description of Goods/Services/Grant:		Housing Services		

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 Maine Department of Corrections (MDOC) is in need of housing supports for youth reentering the community following confinement or youth who are involved with the juvenile justice system, in Juvenile Region 2. MDOC is looking for a provider that has a master leasing, scattered site apartment setting with intensive case management services to support the justice involved youth, in Juvenile Region 2, and an emergency shelter in Juvenile Region 2.

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

This contractor is currently the only licensed emergency shelter program located in Southern and Central Maine that is willing to take MDOC referrals. It provides an array of less restrictive detention alternative services directed towards those youth being supervised through the MDOC including those who are one step away from being detained or committed, who are homeless, and those who are run-a-ways or on the verge of being homeless or a run-a-way due to the current domestic issues they are faced with. It is located in the most populous are of the State and an area that has the greatest number of detention requests and youth under the jurisdiction of the Department.

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

The cost is consistent with previous years. A full budget will be included with the contract submission. The department deems this fair and reasonable.

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

New Beginnings is the only provider willing to service justice involved youth, in a master lease/scattered site apartment setting in Juvenile Region 2. 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?


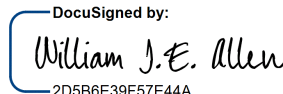
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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):			
Typed Name:	Christine Thibeault, Assoc. Commissioner	Date:	3/5/2024
Signature of DAFS Procurement Official:			
Typed Name:	William J.E. Allen	Date:	3/18/2024

NOI 0320240291 03/18/2024 - 03/24/2024