



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)	\$ 6,500.00	Advantage CT / RQS #:	20240227000000002340
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 12/30/2024
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:		Jude David, 1086 North Main Street, Apt 2. Brockton, MA, 02301	
Brief Description of Goods/Services/Grant:		Specialized Training	

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 a specialized training that directly relates to staff development and workplace attitudes in a correctional setting.

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

Jude David is a motivation speaker with direct experience working with justice involved youth and youth at-risk for juvenile justice involvement. His trainings focus on improving staff attitudes, professional growth, working towards leadership in a positive way, and how to navigate negative emotions in the work place. Jude David would provide two workshops, which was developed by the provider and no other provider in the nation delivers these trainings.

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

The department deems the cost of these training workshops to be fair and reasonable.

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

This is a one-time workshop, and an RFP will not be needed in the future.

**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>1EE8D7298D7F495...</small>		
Typed Name:	Christine Thibeault, Assoc. Commissioner	Date:	3/5/2024
Signature of DAFS Procurement Official:	DocuSigned by:  <small>2D5B6E39F57E44A...</small>		
Typed Name:	William J.E. Allen	Date:	3/18/2024

NOI 0320240297 03/18/2024 - 03/24/2024