



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)	\$ 103,250.00	Advantage CT / RQS #:	2024031200000002465
CONTRACT	Proposed Start Date:	3/15/2024	Proposed End Date: 6/30/2024
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:		Capital Kids/dba Augusta Teen Center, 244 Water Street, Augusta ME 04330	
Brief Description of Goods/Services/Grant:		One-time funds to support expansion of 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 Department is in need of a provider in the Augusta area to expand services for youth at-risk or those involved in the justice system through after-school and/or school vacation programming.

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

The Augusta Teen Center provides a variety of afterschool programming that includes Alternative to Suspension, which works with youth at-risk for or have been suspended to support their educational aspirations. At this time, no other provider in the area does Alternative to Suspension programming. These one-time funds will allow for training costs for new staff, curriculum costs for expansion, retention, and other deficit areas to currently improve programming.

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

These are one-time funds and will not continue in FY25. The cost is deemed fair and reasonable by the department. A full detailed budget will be included in the contract. The provider will engage in fundraising for FY25 if additional fiscal support is needed.

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

These are one-time funds and will not continue in FY25. If funding is identified an RFP will be issued for future services for FY25.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?


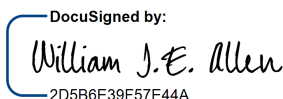
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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	Date:	3/19/2024
Signature of DAFS Procurement Official:			
Typed Name:	william J.E. Allen	Date:	3/22/2024

NOI 0320240317 03/22/2024 - 03/28/2024