



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OCFS	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Melanie Boucher	
(If applicable) Department Reference #:		CFS-25-40XXB, Multiple (See Addendum)	
Amount: (Contract/Amendment/Grant)	Amend B: New: \$4,162,429.00	Advantage CT / RQS #:	Multiple (See Addendum)
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	7/1/2024
	Previous End Date:	New End Date:	N/A
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple – See Addendum	
Brief Description of Goods/Services/Grant:		Transportation Services – Low Income and Child Welfare	

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 checked="" 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 purpose of these template Agreements is to provide Transportation to children involved in open Child Protective Services cases, to individuals who have Low-incomes, and to individuals who have no other reasonable means of transportation to reach necessary destinations.

The Providers determine eligibility, coordinate pickups and drop-offs, and transport each eligible client utilizing private and/or public vehicles.

This No-cost Amendment is being done to add No Shows for Volunteer drivers to the Rider F-1 Pro Formas and to revise the Payment Riders for all 9 Providers to add language on how to bill for Tolls and Now Shows. In addition, this amendment moves \$80,000.00 in Child Welfare Transportation funding to the Child Welfare Taxi line for CFS-25-4016 and removes an additional \$200,000.00 in Child Welfare Transportation, reallocated to CFS-25-4013's Child Welfare Transportation line.

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

The Department is using the current Providers because they have been in place for more than 20 years, and have the knowledge and infrastructure required to meet the transportation needs of OCFS's Child Welfare and Low Income clients. Having new agencies provide the service would require significant start-up costs to purchase transportation vehicles, hire agency drivers/recruit volunteers, and purchase software to manage routes and schedules.

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

The rates for these services were increased by 20% in SFY23 based on the flat rates for each over the past several years. The rate for State mileage reimbursement was \$0.50 per mile from 01/01/2024 through 10/31/2024. State mileage reimbursement increased to \$0.054 per mile effective 11/01/2024.

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

The Department awarded a contract as the result of RFP# 202003059, Evaluation of the Department of Health and Human Services Transportation Programs. The evaluators report and recommendations will inform the most effective and cost-efficient method of procuring these services 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.

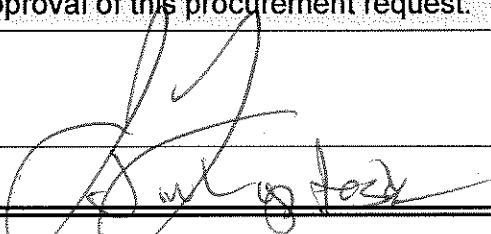

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	20 Feb 25
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36FAE44CD		
Typed Name:	Kathy Paquette	Date:	2/27/2025

DHHS Office: OCFS

Service: TRANSPORTATION SERVICES CFS-SFY25

Vendor Name	Agree Number	CT 10A	Start Date	End Date	Amd Amt	Revised Amount
WESTERN MAINE TRANSPORTATION	CFS-25-4012B	20240328000000002639	7/1/2024	6/30/2025	\$0.00	\$12,480.00
AROOSTOOK REG TRANS SYS INC	CFS-25-4013B	20240328000000002640	7/1/2024	6/30/2025	\$200,000.00	\$640,920.00
KENNEBEC VALLEY COMMUNITY	CFS-25-4014B	20240328000000002641	7/1/2024	6/30/2025	\$0.00	\$701,559.00
PENQUIS CAP INC	CFS-25-4015B	20240328000000002642	7/1/2024	6/30/2025	\$0.00	\$649,821.00
REGIONAL TRANSPORTATION PROG	CFS-25-4016B	20240328000000002643	7/1/2024	6/30/2025	(\$200,000.00)	\$531,220.00
WALDO COMMUNITY ACTION PARTNER	CFS-25-4017B	20240328000000002644	7/1/2024	6/30/2025	\$0.00	\$198,443.00
YORK CTY COMM ACTION CORP	CFS-25-4019B	20240328000000002645	7/1/2024	6/30/2025	\$0.00	\$370,506.00
DOWNEAST COMMUNITY PARTNERS	CFS-25-4020B	20240328000000002646	7/1/2024	6/30/2025	\$0.00	\$358,864.00
RIDESOURCE INC	CFS-25-4021B	20240328000000002647	7/1/2024	6/30/2025	\$0.00	\$698,616.00
Total Items	9				Totals	\$4,162,429.00