



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
 STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:		Maine Department of Corrections	
Department Contract Administrator or Grant Coordinator:		Sonja Charest	
(If applicable) Department Reference #:			
Agency Department Code:	03A	Advantage CT / RQS #:	20250218000000001930
Amount: (Contract/Amendment/Grant)		\$135,000.00	
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:	7/1/2026	New End Date (if Applicable): 12/31/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Learning Works, 181 Brackett Street, Portland, ME, 04102	
Brief Description of Goods/Services/Grant:		Community Service Program	

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 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. Higher Education 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 is in need of a provider in Cumberland and York Counties that provides a community service alternative for youth involved with the juvenile justice system. Youth referred will be ages 13 to 18 who have admitted to or been adjudicated of committing a juvenile offense or who have violated conditions of probation or aftercare status. The program will support the referred youth in making repairs for the harm(s) he/she has caused through the completion of community service hours under the supervision of the program.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Learning Works has been providing programs for adjudicated youth for approximately 20 years and has been providing restorative justice/community service opportunities for at-risk youth for approximately 15 years in York and Cumberland Counties. Learning Works has the capacity to serve 13-18-year-old involved in the juvenile justice system and provide access to community service projects, vocational, educational, case management, and skill building. Since 2014, the provider had successfully served an average of 69 youth per year. 97% of youth who engaged in the program did not recidivate, and there was a 35% decline in the use of secure confinement of youth. This Amendment is needed to ensure there is no delay in services for youth while the RFP is delayed. The additional six-month contract will maintain continuity of care and an appropriate discharge timeframe.

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

The funds added will continue services as written for FY2027, for the identified 6-months. The Department deems this decrease to be fair and reasonable. A full budget will be included with the contract submission

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

An RFP is currently in process for this service, but additional time is needed to complete all required documentation and to ensure compliance with the State of Maine Office of Information Technology policies and procedures. The RFP anticipated contract start date is 01/01/2027.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

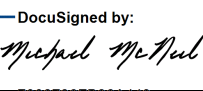
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Christine Thibeault, Assoc. Commissioner	Date:	3/25/2026

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:			
Typed Name:	Michael McNeil	Date:	3/26/2026

NOI 0320260187 3/26-4/1