



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 #:		N/A	
Agency Department Code:	03A	Advantage CT / RQS #:	20250218000000001926
Amount: (Contract/Amendment/Grant)		\$85,000.00	
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:	7/1/2026	New End Date (if Applicable): 12/30/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Alfond Youth & Community Center, 126 North Street, Waterville ME 04901	
Brief Description of Goods/Services/Grant:		Prevention & Intervention 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 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. 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 Department needs a provider in the greater Waterville area that has the capacity to deliver recreation, prevention, intervention, and case management services for youth at-risk and youth involved in the juvenile justice system.
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.	The Alford Youth & Community Center (AYCC) is a non-profit organization established in 1924 and has served nearly 9,000 members, 50+ communities and provides numerous programs for youth. AYCC can provide support services, case management, pro-social activities, year-round engagement, empowerment and goal setting, collaboration with Law Enforcement, restorative justice, and Alternative to Suspensions. This provider has the staffing capacity, location, policies and procedures established, community resources, expertise, and willingness to complete the needed services immediately. 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 funding is increased from the first year of the contract due to originally being a pilot program. The pilot program was shown to be successful and increase in youth served and services are needed to keep up with the demand, therefore there was an increase in funding. The department deems this 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?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	

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):	DocuSigned by: <i>Christine Thibeault</i> 1EE8D729BD7F495...		
Typed Name:	Christine Thibeault, Assoc. Commissioner	Date:	3/23/2026

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:	DocuSigned by: <i>Michael McNeil</i> 7008796FB36A449...		
Typed Name:	Michael McNeil	Date:	3/26/2026

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