



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 #:	20260303000000001823
Amount: (Contract/Amendment/Grant)	\$36,500.00		
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date: 6/30/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Carleton Project, Houlton Maine	
Brief Description of Goods/Services/Grant:		Alternative Education	

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. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	<p>There is a need for youth residing in Aroostook, Piscataquis, and Penobscot Counties who are moderate to high risk on the YLS/CMI and between the ages of 16-21 with a history of school failure, expulsion, or are under court order to stay away from school in accessing alternative education services. Young people need a range of skills, both basic academic skills as well as the ability to apply these skills and knowledge in the workplace or other living situations.</p>
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.	<p>This provider is the only <a href="#">Private Secondary School Approved</a> by the Maine Department of Education in Houlton Maine. The provider has a history of working with justice-involved youth in Juvenile Region 3, which consists of Houlton. The provider has expertise in connecting justice-involved youth with community mentors to improve program success.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The Department and Provider negotiated costs and found they were consistent with previous years. A full budget will be included with the contract submission. The Department deems this fair and reasonable.</p>
4. Describe the plan for future competition for the goods or services.	<p>The addition of new alternative education program being constructed within the specific region—meeting or exceeding Department of Education requirements currently being attained by the Carleton Project is highly unlikely due to the strict DOE requirements for such programs. In the event an alternative education programs arises; the Department would use the RFP process to attain competitive bids.</p>

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
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**


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):	DocuSigned by:  1EE8D729BD7F495...		
Typed Name:	Christine Thibeault, Assoc. Commissioner	Date:	3/27/2026

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:  068D14CB2FB7408...		
Typed Name:	Lauren Mournouris, IT Procurement Systems Analyst	Date:	3/27/2026