

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

### PART I: OVERVIEW

|   |                      |   |                       |         |  |
|---|----------------------|---|-----------------------|---------|--|
| Department Office/Division/Program:                     |                      | Corrections                                     |                       |         |  |
| Department Contract Administrator or Grant Coordinator: |                      | Colin O'Neill                                   |                       |         |  |
| (If applicable) Department Reference #:                 |                      |   |                       |         |  |
| Amount:<br>(Contract/Amendment/Grant)                   | \$ 18,540.00         | Advantage CT / RQS #:                           | RQS 03A 20200403*1113 |         |  |
| CONTRACT  | Proposed Start Date: | 7/1/19  | Proposed End Date:    | 6/30/20 |  |
| 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:              |                      | PbS Learning Institute, Braintree, MA           |                       |         |  |
| Brief Description of Goods/Services/Grant:              |                      | Annual Performance Based Standards subscription |                       |         |  |

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

|          |                                   |  |                                  |
|----------|-----------------------------------|--|----------------------------------|
|          | A. Competitive Process            |  | G. Grant                         |
|          | B. Amendment                      |  | H. State Statute/Agency Directed |
| <b>X</b> | C. Single Source/Unique Vendor    |  | I. Federal Agency Directed       |
| <b>X</b> | D. Proprietary/Copyright/Patents  |  | J. Willing and Qualified         |
|          | E. Emergency                      |  | K. Client Choice                 |
|          | F. University Cooperative Project |  | L. Other Authorization           |

### PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

**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, specifically the secure facility that houses juvenile residents, has a need to engage in an on-going quality assurance process that addresses all aspects of operations. This process must include the collection of relevant data that captures performance from resident intake through resident release to include the effectiveness of individual components of a resident's sentence (medical, educational, security, programming, reentry planning, etc). It is the mission of the Maine Department of Corrections to reduce the likelihood that juvenile and adult offenders will re-offend by providing practices, programs and services which are evidence based and which hold the offender accountable. PbS is a

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### PART III: SUPPLEMENTAL INFORMATION

tool that assists the department in assuring programming and services are provided with best practices and at the highest possible quality.

#### 2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The products and services offered are proprietary to this vendor.

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

The Maine Department of Corrections secure facilities (Long Creek Youth Development Center) have been engaged with PbS for varying amounts of times from +10 years to recent engagement. The Department has made a substantial financial investment in embedding the PbS process in their facilities as a key quality improvement tool. The vendor has held the subscription cost to last year's amount. The Department feels the cost of this subscription is both fair and reasonable

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

If the Department, in future years, wishes to pursue an alternative quality improvement tool/process for the secure facilities, the Department will certainly consider an RFP. The Department is pleased with the PbS service.

### PART IV: APPROVALS

|   |  |              |          |
|---|--|--------------|----------|
| <b>Signature of requesting Department's Commissioner (or designee):</b> | <i>By signing below, I signify that I approve of this procurement request.</i> |              |          |
|   | <i>Mark S. McCarthy</i>  |              |          |
| <b>Printed Name:</b>  | Mark McCarthy  | <b>Date:</b> | 4/3/20   |
| <b>Signature of DAFS Procurement Official:</b>                          | <small>DocuSigned by:</small><br>  |              |          |
| <b>Printed Name:</b>  | <small>AEEED9C7B3A8044E...</small><br>Justin Franzose                          | <b>Date:</b> | 4/7/2020 |