



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

# DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

## PROCUREMENT JUSTIFICATION FORM (PJF)

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 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	
Amount: (Contract/Amendment/Grant)	\$ 151,250.00	Advantage CT / RQS #:	20240229000000002379
CONTRACT	Proposed Start Date:	3/15/2024	Proposed End Date: 6/30/2025
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:		Alfond Youth & Community Center, 126 North Street, Waterville ME 04901	
Brief Description of Goods/Services/Grant:		Prevention and 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 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.

**PART III: SUPPLEMENTAL INFORMATION**

The Department is in need of 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 RFP number, if applicable.

The Alford Youth & Community Center (AYCC) is a non-profit organization that was established in 1924 and has served nearly 9,000 members, 50+ communities, and provides numerous programs for youth. AYCC is able to 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.

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

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.

This is a pilot program in the Waterville area, if a provider in the Waterville area arises in FY26 that is able to provide the level of service then an RFP will be issued.


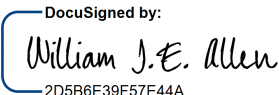
**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

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: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Christine Thibeault	Date:	3/25/2024
Signature of DAFS Procurement Official:			
Typed Name:	William J.E. Allen	Date:	4/11/2024

NOI 0420240381 04/11/2024 - 04/17/2024