



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:		Department of Corrections	
Department Contract Administrator or Grant Coordinator:		Sonja Charest	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ 67,500.00	Advantage CT / RQS #:	20240129000000002099
CONTRACT	Proposed Start Date:	7/1/2024	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:		Penquis C.A.P., Inc., PO Box 1162 Bangor, Maine 04401	
Brief Description of Goods/Services/Grant:		Restorative Justice	

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 Maine Department of Corrections is in need of the continuation of Restorative Justice services in Penobscot and Piscataquis Counties to ensure Maine youth have access to community-based alternative services and decrease secure confinement.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Penquis CAP is the only provider that provides RJ services in Penobscot and Piscataquis Counties. The provider will collaborate with Corrections and Department of Education to develop Restorative Practices programming for schools across the state. Each juvenile offender is assigned a screened and trained adult mentor for the period between the initial conference that develops the reparative agreement and a closing conference that celebrates the juvenile fulfilling the requirements of the agreement. Restorative justice works by recruiting citizens into the work of restoration of offenders, victims, and communities.

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

The current costs are consistent with other providers in the state and is considered to be fair and reasonable by the Department.

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

If another Restorative Justice provider is able to serve Penobscot and Piscataquis Counties, then an RFP will need to be issued.


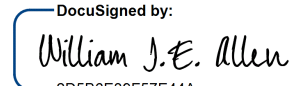
**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

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:	2/28/2024
Signature of DAFS Procurement Official:			
Typed Name:	William J.E. Allen	Date:	4/11/2024

NOI 0420240385 04/11/2024 - 04/17/2024