



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)	\$ 292,500.00	Advantage CT / RQS #:	20240129000000002098
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:		Restorative Justice Institute of Maine, PO BOX 2227 South Portland ME 04116	
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.

The Department of Corrections (DOC) is in continued need for Restorative justice services to all referred DOC youth in juvenile region 1. Restorative Justice is a prevention and intervention service that can impact reduction in recidivism rates in the juvenile justice system and prevent youth from entering 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.

No other entity in the State provides the following restorative services in the region being served. RJIM has been in operation for over a decade and employs staff with a combined 25+ years of experience; RJIM has a robust board made up of community members, professors, education administrators, and program directors to guide and improve restorative practices within the counties served.

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

The fee is reasonable and expected in comparison to the Department's other restorative justice contracts, which are based on the number of youth being served. The department deems the costs fair and reasonable.

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

The department would consider issuing an RFP if this model is duplicated by other vendors in Maine's communities.

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):

DocuSigned by:

Christine Thibeault

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Typed Name: Christine Thibeault

Date: 2/28/2024

Signature of DAFS
Procurement Official:

DocuSigned by:

Kathy Paquette

41C2BA36FAF44CD...

Typed Name: Kathy Paquette

Date: 4/16/2024