

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) <u>over \$5,000</u> 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:			DHHS/OCFS					
Department Contract Administrator or Grant Coordinator:			Jennifer Levesque/Melinda Farrell					
(If applicable) Department Reference #:			OVP-24-2400A					
Amount: (Contract/Amondment/Crant) Amond A: \$7		4,794.07 3,108.00 2,902.07	Advan	dvantage CT / CT 10A RQS #: 20230824000		0000000527		
CONTRACT	Propo	osed Start Date:			Propose	d End Date:		
	Original Start Date:		10/01/2023		Effective Date:		11/01/2023	
AMENDMENT	Previous End Date:		09/30/2024		New End Date:		No change	
GRANT	Project Start Date:				Grant Start Date:			
	Project End Date:		Grant End Date:					
Vendor/Provider/Grantee Name,			United Somali Women of Maine					
City, State:			Lewiston, Maine					
Brief Description of Goods/Services/Grant:			Support Services for Immigrant, Refugee and Asylum Seeker Victims					

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				
X	B. Amendment		H. State Statute/Agency Directed				
X	C. Single Source/Unique Vendor		I. Federal Agency Directed				
	D. Proprietary/Copyright/Patents		J. Willing and Qualified				
	E. Emergency		K. Client Choice				
	F. University Cooperative Project		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 purpose of this Agreement is to provide Victims, who are a part of immigrant, refugee and asylum seeker communities, culturally and linguistically sensitive services that promote a safe, healthy and equitable future. This agreement meets the Departments' Office of Child and Family Services' Strategic Goals #1 and #2 to improve stability, health and wellbeing, establish quality permanent connections of individuals and families, and to improve the safety of youth, families and communities. The Provider shall promote empowerment and a multi-cultural environment for Victims who are primary refugees, secondary immigrants, and/or asylum seekers by serving as cultural brokers and assisting Victims by reducing barriers and enhancing skills.

The purpose of this Amendment is to restore Part II Budget funding.

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

The United Somali Women of Maine has staff with specific cultural and linguistic abilities to deliver specialized Victim Services to the Target Population. United Somali Women of Maine is a nonprofit organization, eligible for VOCA, SASP and FVPSA grant funding, to provide Victim Services. The purpose of this agreement is to continue services to enhance culturally and linguistically specific services for Victims within the immigrant, refugee and asylum seeker populations residing in Maine.

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

The costs for these services are comparable to costs allocated to providers of similar services within the State and New England.

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

The Department recently completed a statewide victim needs assessment and the outcome, together with additional supplemental information, will inform the future strategic funding plan for violence prevention services.

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

Does this request utilize ARPA/MJRP funds?

 \boxtimes Yes – If Yes, please attach the approved Business Case(s).

 \Box 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):	A							
Typed Name:	A Mar	Date: 1-600-24						
Signature of DAFS Procurement Official:	Kathy Paquette							
Typed Name:	Kathy Paquette	Date: 4/19/2024						