



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**OFFICE OF STATE PROCUREMENT SERVICES**  
 STATE OF MAINE

**PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 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	
Agency Department Code:	03A	Advantage CT / RQS #:	2025031700000002118
Amount: (Contract/Amendment/Grant)		\$109,000.00	
CONTRACT	Proposed/Original Start Date:	<b>7/1/2025</b>	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:	<b>7/1/2026</b>	New End Date (if Applicable): 12/31/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Preble Street Teen Services, 38 Preble Street, Portland ME 04101	
Brief Description of Goods/Services/Grant:		Housing Support	

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 checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
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 is in need of housing support for youth reentering the community following secure confinement or youth who are involved with the juvenile justice system, in Juvenile Region 1. MDOC is looking for a provider that has a master leasing, scattered site apartment setting with intensive case management services to support the justice involved youth, in Juvenile Region 1.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.	Preble Street was established in 1996 to provide low-barrier day shelter and services to youth experiencing homelessness in a setting separate from adults. In the ensuing 25 years, Teen Services has grown to include the largest licensed youth shelter in the state, an outreach program, and a transitional living program. Preble Street Teen Center and Teen Shelter are located directly across the street from each other and collectively provide 24 hour/365-day services for YYA experiencing homelessness. Additionally, PSTS runs a scattered-site Transitional Living Program, First Place, that provides master leasing, tiered rental reimbursement, and intensive case management for youth exiting homelessness. Preble Street has the experience, expertise, and capacity to carry out the needs of the department and is the only provider located in juvenile region 1, that is willing to take justice involved youth, that provides a master leasing/scattered site apartment setting with intensive case management. This Amendment is needed to ensure there is no delay in services for youth while the RFP is delayed. The additional six-month contract will maintain continuity of care and an appropriate discharge timeframe.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The funds added will continue services as written for FY2027, for the identified 6-months. The Department deems this decrease to be 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.	An RFP is currently in process for this service, but additional time is needed to complete all required documentation and to ensure compliance with the State of Maine Office of Information Technology policies and procedures. The RFP anticipated contract start date is 01/01/2027.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**


Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

**PART VI: APPROVALS**

Governor/Department Commissioner or Designee

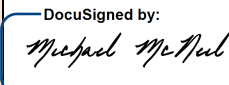
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Christine Thibeault, Assoc. Commissioner	Date:	3/27/2026

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:			
Typed Name:	Michael McNeil	Date:	4/1/2026

NOI 0420260205 4/1-4/7