



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 #:	202401290*2097
Amount: (Contract/Amendment/Grant)		\$40,281.00	
CONTRACT	Proposed/Original Start Date:	7/1/2024	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:	7/1/2026	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:		University of Maine System d/b/a University of Southern Maine, Portland Maine	
Brief Description of Goods/Services/Grant:		Juvenile Justice Diversion Programming	

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.

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 has identified a large population of youth who are first-time offenders who need to be diverted to community support and sanctions, rather than costly involvement with the courts and juvenile corrections. The DOC created the Diversion to Assets (D2A) pilot in 2008 through the existing Communities for Children and Youth (C4CY) initiative of the Governor’s Children’s Cabinet.

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.

The purpose of the D2A program is to divert youth away from involvement in sanctions using governmental resources. Rather, the purpose is to engage a wide range of local community partners and resources to redirect and support these youth. The specific contractor is the network of providers involved in Communities for Children and Youth—consisting of 30 local community coalitions throughout the State of Maine—that have identified themselves as partners with the Children’s Cabinet in the work of prevention and positive youth development. There is no other such network in Maine, and the local communities involved include many non-profit and local governmental agencies in their local C4CY collaboration. The collaboration is open to any provider joining to expand the work already being performed. It is essential that the Diversion to Assets program engage all of these partners in the delivery of this program because the purpose of the program is to connect the youth with natural community supports. 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 cost has decreased from previous years as the program sites have decreased from 3 to 2. 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.

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) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

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

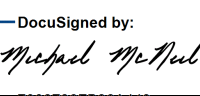
1. The signature below indicates approval of this procurement request.

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:	4/3/2026

NOI 0420260210 4/3-4/9