



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 (Form's page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OCFS	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall	
(If applicable) Department Reference #:		OVP-22-230X	
Amount: (Contract/Amendment/Grant)	\$ 6,380.00 (See Attached)	Advantage CT / RQS #:	Multiple, See Attached
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	10/1/2021	Effective Date:
	Previous End Date:	9/30/2023	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Multiple, See Attached	
Brief Description of Goods/Services/Grant:		Victims Advocacy	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 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 purpose of this agreement is to provide victims and witnesses of crime access to advocacy services. These services are intended to provide victims with resources, to understand the criminal justice system and their rights within that system, and ensure the Victim or witness receives appropriate advocacy services.

The purpose of this amendment is to make changes to funding and payment rider moving from a monthly financial reporting to quarterly. **The City of Portland will receive additional funding to support the purchase of software, technology and one year of cell service for a new VWA.

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

Each District Attorneys' office that provides Victim Witness Advocacy is provided funding for one (1) Victim Witness Advocate.

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

The costs for the main agreement were determined fair and reasonable when compared to previous contracts and ongoing costs associated with the scope of service.

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

The Department is in the process of conducting a victim services needs' assessment and the outcome will inform the strategic funding plan for the violence prevention services procured by the Department for a 10/1/2023 start date.

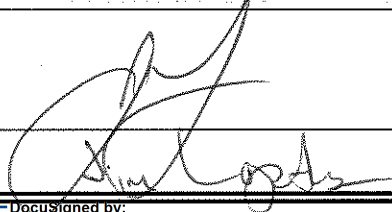
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

- Yes – If Yes, please attach the approved Business Case(s).
- 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:		Date:	6-Apr-22
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	4/28/2022

Office: OCFS

Service Group: Victim Advocacy

No. of Vendors: 7

Note: *OVP-22-2305A This agreement has a different start date, this will be the first amendment

**OVP-22-2307B in addition to the language change for quarterly invoicing, this agreement will also have additional funds added.

All others are no cost language only change Amendment B

Vendor Name	Agreement Number	CT#	Amendment Amount	Total Agreement Amount	Start Date	End Date
Androscoggin County DA	OVP-22-2300B	20210902*0564	\$0.00	\$110,000.00	10/1/21	9/30/23
Aroostook County Commissioners	OVP-22-2301B	20210902*0565	\$0.00	\$110,000.00	10/1/21	9/30/23
City of Portland**	OVP-22-2307B	20210902*0573	\$6,380.00	\$116,380.00	10/1/21	9/30/23
Kennebec County DA	OVP-22-2303B	20210902*0567	\$0.00	\$110,000.00	10/1/21	9/30/23
Knox County DA	OVP-22-2304B	20210902*0569	\$0.00	\$110,000.00	10/1/21	9/30/23
Penobscot County*	OVP-22-2305A	20210902*0571	\$0.00	\$96,250.00	1/1/22	9/30/23
Washington County DA	OVP-22-2308B	20210902*0572	\$0.00	\$110,000.00	10/1/21	9/30/23