



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:		Division of Juvenile Services	
Department Contract Administrator or Grant Coordinator:		Sonja Morse	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 278,000.00	Advantage CT / RQS #:	2021081600000000362
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	6/1/2022
	Previous End Date:	New End Date:	6/30/2023
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Wings for Children and Families, 900 Hammond St. Bangor, Maine, 04401	
Brief Description of Goods/Services/Grant:		Hi-Fidelity Wraparound and Flex Funding Administration	

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 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 has critical needs in each region and for youth coming out of Long Creek, to receive wraparound facilitation, individual planning funds (direct and indirect supports), and continue case management supervision. These services are critical for delivering positive youth outcomes and decreasing recidivism rates statewide.

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

Wings for Children and Families is one of two capable providers who offer this service. The other, Opportunity Alliance, is located in the southern part of the state (Region 1 & 2) and not capable of serving youth in Region 3. Wings for Children and Families is uniquely qualified to provide these services given their experience with DOC and executing the services, as well as their geographic location related to the departments specific need. The provider is uniquely positioned to administer Flex Fund Dollars through the Regional Community Care Teams, which reviews youth reentering the community from secure confinement, due to policies and procedures already in place and mechanisms to administer flex fund dollars.

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

The requested value is to provide an additional full-time case manager for Hi-Fidelity wraparound for FY2022 for \$90,000, then to sustain this for FY2023 for a total state request of \$180,000.00. The rates above were negotiated with the provider and the departments deems them fair and reasonable. The \$8,000 will be flexible funding for Regional Care teams to serve Juvenile Region 3.

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

The provider is one of two providers in the state that can provide this service. If more providers can provide this service in the future, an RFP will be issued.

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


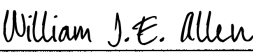
Does this request utilize ARPA/MJRP funds?

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:	Dr. Ryan Thornell	Date:	5-25-22
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	2D5B6E39F57E44A... william J.E. Allen	Date:	5/31/2022

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