



**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:		Department of Corrections	
Department Contract Administrator or Grant Coordinator:		Sonja Morse	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)		\$ 17,100.00	Advantage CT / RQS #: 2023042600000002941
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date: 6/30/2024
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		University of Maine, Psychological Services Center, 330 Corbett Hall, Orono, ME 04430	
Brief Description of Goods/Services/Grant:		Psychological Evaluations and Sexual Behavioral Treatment	

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 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.

**PART III: SUPPLEMENTAL INFORMATION**

Division of Juvenile Services routinely works with high-risk youth that exhibit a myriad of high-risk behaviors, including problematic sexual behaviors, violent/aggressive tendencies which they need assistance in determining what the best course of action to take is in helping the youth meet their needs and how to support their clients' needs most effectively. Juveniles undergoing these evaluations are court ordered through probation conditions to participate in evaluation/treatment as recommended. The Department does not have the staffing expertise or capacity to provide these necessary services in a timely manner.

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

The provider has been contracted with the Department for 4-years, and has displayed the level of expertise, knowledge of the justice system, and has deep connections with the community. The Psychological Services Center (PSC) is an outpatient clinic that provides high quality psychological services to the people of central Maine. It serves as the primary site for an American Psychological Association accredited doctoral training program in clinical psychology at the University of Maine. To date, there is no other provider in Juvenile Region 3 that can provide both psychological evaluations and sexual behavioral treatment in a timely manner to justice involved youth.

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

The provider will serve 12 youth, for the Psychological Evaluations, at a rate of \$950 (for a total of \$11,400.00). They will provide 95 hours of Sexual behavioral treatment (at \$60 per hour, for a total of \$5,700.00). Based on previous years, the Department deems this cost fair and reasonable.

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

If/when a provider emerges in Juvenile Region 3 that can provide psychological evaluations and sexual behavioral treatment, a competitive bid will be completed.

**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:	Christine Thibeault, Assoc. Commissioner	Date:	5/22/2023
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	william J.E. Allen	Date:	5/30/2023

NOI 0520230520 05/30/2023 - 06/05/2023