



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 \$5,000 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:		Corrections		
Department Contract Administrator or Grant Coordinator:		Cheryl Preble		
(If applicable) Department Reference #:		Click or tap here to enter text.		
Amount: (Contract/Amendment/Grant)		\$ 27,800	Advantage CT / RQS #:	03A 20250409*2333
CONTRACT	Proposed Start Date:	12/1/2025	Proposed End Date:	2/28/2026
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:		American Correctional Association Arlington, VA		
Brief Description of Goods/Services/Grant:		ACA Audit and Accreditation – Maine State Prison and Bolduc Correctional Facility		

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.

The Department has elected to seek reaccreditation under the American Correctional Association’s (ACA) standards for Adult Correctional Facilities. Accreditation under the standards demonstrates the agency’s compliance with industry best practices and federal regulations for the management of incarcerated adults.

Accreditation is required by MRS 34A §1215-A.

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

The American Correctional Association is the sole organization responsible for conducting facility audits under these standards. The ACA is considered one of the industry standards for accreditation nationwide.

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

The rate reflects the market rate for ACA reaccreditation for the size and type of facilities involved. The cost is similar to previous correctional audits conducted in the State of Maine.

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

The Department will continue to use the competitive procurement process whenever and wherever applicable.

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

No – If No, proceed to Part V.

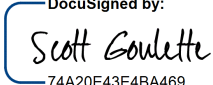
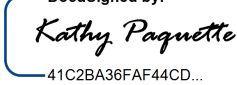
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  74A20E43E4BA469...		
Typed Name:	Scott Goulette, Financial Analyst	Date:	4/14/2025
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	kathy Paquette	Date:	5/28/2025