



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:		Corrections/ Juvenile Justice Advisory Group		
Department Contract Administrator or Grant Coordinator:		Linda Barry Potter		
(If applicable) Department Reference #:		NA		
Agency Department Code:		Advantage CT / RQS #:	20260521*2679	
Amount: (Contract/Amendment/Grant)		\$ 30,000.00		
CONTRACT	Proposed/Original Start Date:	6/1/2026	Proposed/Most Recent End Date:	9/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Boys & Girls Clubs of Border Town, Presque Isle ME		
Brief Description of Goods/Services/Grant:		To provide funding for the 2 nd annual intertribal camp.		

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. 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 Wabanaki Intertribal Youth Summer Camp will welcome approximately 90 youth and 20 staff and volunteers in Houlton, Maine at Wilderness Pines that offers natural space, accessibility, and cultural safety. The programming will be centered on the values of cultural pride, wellness, leadership, and connection. This initiative is designed to grow into an annual Wabanaki intertribal tradition. The Wabanaki Intertribal Youth Summer Camp is more than a seasonal program; it's a cornerstone for future Wabanaki leadership, healing, and cultural revival.

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 2nd annual Wabanaki Intertribal Youth Summer Camp is a collaborative initiative uniting the five Wabanaki tribes of Maine Maliseet, Mi'kmaq, Passamaquoddy, Penobscot, and Abenaki for a week-long day and residential camping experience from June 29th to July 2nd. As these activities and lessons are culturally centered on each tribe, there is no other group or individual who could provide this comprehensive exposure to the teaching, language, arts and history of these people.

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

The vote at the JJAG Board Meeting on May 15, 2026, was 15 in favor with 3 abstaining. A majority of the Board felt the costs were reasonable and fair and below the costs of similarly situated sleep away and day camps. These costs will come from two Federal Title II Grants 15JDP22GG04927 MUMU which will allow the JJAG to close out this Grant on time and with all funds used. It was also use funding from Federal Title II Grant 15JDP23GG05564 MUMU using the 23WC line which is a planned pass-through line directing funds to the Wabanaki Citizens for use in a diversion or intervention line. Cultural knowledge and feelings of belonging can help youth who are or might be at risk of encountering Maine's Juvenile Justice System.

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

JJAG will continue to acknowledge that no one else except the 5 tribes of Maine can teach the cultural values, languages, arts, and history to any of these tribes except for these tribes.

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	Date:	5/21/2026

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:	5/22/2026

NOI 0520260342 5/22-5/28