

**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:		Corrections/ Juvenile Justice Advisory Group	
Department Contract Administrator or Grant Coordinator:		Linda Barry Potter	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$20,000.00	Advantage CT / RQS #:	CT 03A 20220525*3044
CONTRACT	Proposed Start Date:	6/1/2022	Proposed End Date: 9/30/2022
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:		Strategies For Youth PO Box 390174 Cambridge MA 02139	
Brief Description of Goods/Services/Grant:		Specialized training for police and schools.	

**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**

Strategies For Youth are known for helping both sides settle on role descriptions for School Resource Officer's and what they will and will not respond to, with an emphasis on leaving minor in school discipline within the school district's administration rather than criminalize that behavior with a referral to juvenile court.

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

This vendor has been training in this area for over 10 years. They are known and respected as a leader in the creation of Memorandum of Understanding and have been found to be a evidenced based program. As the leader in this field, it would take Juvenile Justice Advisory Group too long to replicate their information which is why they were selected.

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

The negotiated costs are fair and reasonable. This funding was voted on by the Juvenile Justice Advisory Group and will come 100% for a Federal Award that Juvenile Justice Advisory Group oversees to improve the Juvenile Justice System in Maine.

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

At this time there are no plans to repeat this training in the future.  
Click or tap here to enter text.

**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:  
William J.E. Allen

Typed Name: william J.E. Allen

Date: 6/7/2022

NOI 0620220559 06/07/2022 - 06/13/2022