



## 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		
Department Contract Administrator or Grant Coordinator:	Cheryl Preble		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 15,400	Advantage CT / RQS #:	03A 20230403*2524
<b>CONTRACT</b>	Proposed Start Date:	<b>6/1/2023</b>	Proposed End Date: 9/29/2023
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	American Correctional Association Alexandria, VA		
Brief Description of Goods/Services/Grant:	Audit of Correctional Practices		

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 checked="" 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.

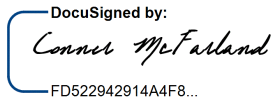
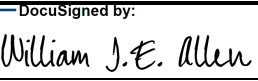
**PART III: SUPPLEMENTAL INFORMATION**

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 of Maine Correctional Center under the American Correctional Association’s Performance-Based Standards and Expected Practices for Adult Correctional Institutions, Fifth Edition. Facility reaccreditation is required every three years. The Department is required to pursue accreditation under 34-A M.R.S. §1215.
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 largest nationally recognized accrediting body of correctional best practices and is widely adopted by jails and prisons across the country. The Department has pursued ACA accreditation since 2001 for all its facilities.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
The rates charged for the audit are set by the American Correctional Association and are consistent across the country for a facility of this size.
4. Describe the plan for future competition for the goods or services.
The Department will pursue a competitive process for applicable consulting and/or auditing services in the future.

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

Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).
<input checked="" type="checkbox"/> 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:	Conner McFarland	Date: 5/30/2023
Signature of DAFS Procurement Official:			
	Typed Name:	William J.E. Allen	Date: 5/31/2023

NOI 0620230529 06/01/2023 - 06/07/2023