



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 #:		N/A	
Amount: (Contract/Amendment/Grant)		\$ 25,000.00	Advantage CT / RQS #: 2023042600000002936
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:		Community Care, 40 Summer Street, Bangor, ME, 04401	
Brief Description of Goods/Services/Grant:		Emergency Shelter Care Services	

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

The Department is required by Statute – Maine Juvenile Code to review detention requests made by law enforcement to determine whether a youth needs to be detained in a secure setting pending an initial Court appearance and the Department whenever possible utilizes least restrictive and community-based services closest to the youth's home as an alternative to secure detention. In addition, youth under the jurisdiction of the Department need to have access to provide short term placement options when experiencing family conflict, other crisis or who have parents unwilling to have them remain in the home. To meet the mandates of the juvenile code and ensure access to less restrictive placement options for all youth, the Department contracts with licensed emergency shelters.

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

This contractor is currently the only licensed emergency shelter program located in N. Maine that provides short term crisis stabilization and support services to homeless youth and that is willing to take DOC referrals. It provides an array of less restrictive detention alternative services directed towards those youth under the jurisdiction of the Division of Juvenile services, including those who are one step away from being detained or committed, who are homeless, and those who are run-a-ways or on the verge of being homeless or a run-a-way due to the current domestic issues they are faced with. It is the distinctness in these services that makes this contract so vital to the youth DJS serves and to ensure the mission and goals of the Department of Corrections are being addressed.

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

The emergency shelters leverage funds from a variety of sources that assists in supporting the costs of maintaining and staffing the shelter. The daily rate for state agency clients is set through a State agency rate setting process.

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

This contractor is currently the only licensed emergency shelter program located in N. Maine that provides short term crisis stabilization and support services to homeless youth and that is willing to take DOC referrals any future competition would require an RFP.

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


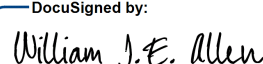
Does this request utilize ARPA/MJRP funds?

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	Date:	6/5/2023
Signature of DAFS Procurement Official:	DocuSigned by:  2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	6/8/2023

NOI 0620230575 06/08/2023 - 06/14/2023