



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 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:		Maine Department of Corrections	
Department Contract Administrator or Grant Coordinator:		Sonja Morse	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$100,000.00	Advantage CT / RQS #:	20230426000000002938
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:		Aroostook County Action Program, Inc. 771 Main Street, Presque Isle, ME 04769	
Brief Description of Goods/Services/Grant:		Intervention/Restorative Justice Service	

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 of Corrections Juvenile Division Region 3 is in need of Restorative Justice program that is able to serve Washington and Aroostook County, to decrease secure confinement of youth involved in the juvenile justice system. Aroostook County Action Program (ACAP) has been providing this service to the Department since 2015.

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

Aroostook County Action Program (ACAP) was founded in 1972. ACAP is currently the only provider that has the ability to serve youth in Aroostook and Washington Counties. The program provides services and resources that help individuals and families achieve greater economic independence. As a leader, or in partnership with others, ACAP provides guidance to the community in responding to emerging human needs.

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

The Department determined that the negotiated cost is consistent with other providers in the state; the Department considers the cost to be fair and reasonable to successfully complete the desired services.

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

At this time, ACAP is the only restorative Justice provider in Aroostook and Washington counties. In the future, when/if other providers emerge which are capable of providing this service, the Department will then seek competitive bids.

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):

DocuSigned by:

Christine Thibeault

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Typed Name: Christine Thibeault

Date: 6/14/2023

Signature of DAFS Procurement
Official:

DocuSigned by:

William J.E. Allen

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Typed Name: William J.E. Allen

Date: 6/30/2023

NOI 0620230731 06/30/2023 - 07/06/2023