



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:		Long Creek Youth Development Center	
Department Contract Administrator or Grant Coordinator:		Bethany Perry	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$22,040	Advantage CT / RQS #:	03F 20240516*1650
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:		PbS Learning Institute Braintree, MA	
Brief Description of Goods/Services/Grant:		Justice Statistics Analysis and Reporting	

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 American Correctional Association standards for adult and juvenile correctional facilities requires that the Department partners with a research, educational, or similar institution to develop reports that identifies and monitors the conditions of confinement and treatment services for incarcerated residents.

In addition, the Department requires in-depth data models derived from its incidents of use of force, discipline, housing, case management, classification, and other operational data to inform Department policies and procedures. Data derived from these events are critical for analyzing the effectiveness of our safety operations and identifying improvements to our programming and rehabilitative practices.

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

The Department of Corrections has partnered with the PbS Learning Institute (now called the Center for Improving Youth Justice) since 2012 to analyze data derived from our Offender Management System (CORIS) data and provide reporting about our security operations and services. The PbS Learning Institute is the only research institution in the country which provides detailed data analytics and reporting for juvenile justice centers with the goal of creating a continuous improvement practice in correctional operations to improve incarcerated residents' quality of life and chances of successful community reintegration. PbS also has accumulated over a decade of Department data concerning our juvenile justice operations, and therefore can provide a more in-depth and detailed comparisons based on in-state data.

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

The annual charge has increased 7% from the previous year's services. The fee includes access to outcome measure reports, data comparisons to previous years, and on site technical assistance.

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

The Department will continue its partnership with the current Provider given the unique services provided.

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) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

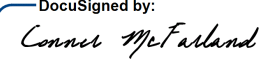
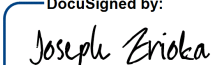
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine’s COI Statute?

Yes, the requesting Department understands and acknowledges [MRS Title 5, §18-A, 2.](#)

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):	DocuSigned by:  FD522942914A4F8...		
Typed Name:	Conner McFarland	Date:	5/16/2024
Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	5/30/2024