



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:		DHHS/OCFS	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		Multiple, See Addendum	
Amount: (Contract/Amendment/Grant)	Multiple, See Addendum	Advantage CT / RQS #:	Multiple, See Addendum
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:
	Previous End Date:	6/30/2024	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Multiple, See Addendum	
Brief Description of Goods/Services/Grant:		Transportation Services – Low Income and Child Welfare	

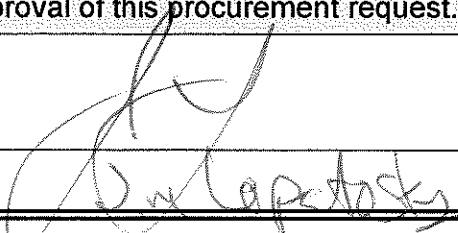

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	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	
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p>	<p>The purpose of these template Agreements is to provide Transportation to children involved in open Child Protective Services cases, and to eligible Low-Income individuals, so that they might obtain access to necessary services.</p> <p>The Providers determine eligibility, coordinate pickups and drop-offs, and transport each eligible client utilizing private and/or public vehicles.</p> <p>The purpose of these amendments is to re-allocate SSBG funding across all nine (9) Provider contracts. These amendments also increase State mileage reimbursement to \$0.50 per mile effective 01/01/2024.</p>
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p>	<p>The Department is using the current Providers because they have been in place for more than 20 years, and have the knowledge and infrastructure required to meet the transportation needs of OCFS's Child Welfare and Low-Income clients. Having new agencies provide the service would require significant start-up costs to purchase transportation vehicles, hire agency drivers/recruit volunteers, and purchase software to manage routes and schedules.</p>
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p>	<p>The rates for these services were increased by 20% in SFY23 based on the flat rates for each over the past several years. The rate for State mileage reimbursement is \$0.50 per mile from 01/01/2024 through 10/31/2024. State mileage reimbursement increases to \$0.054 per mile effective 11/01/2024.</p>
<p>4. Describe the plan for future competition for the goods or services.</p>	<p>An evaluation of the Department's Transportation Programs, resulting from RFP# 202003059, did not produce substantive recommendations to respond to the unique needs of children and families served by the OCFS. Transporting children adds requirements and performance standards not necessary when transporting adults. Statewide workforce recruitment and retention issues have further affected by the flat funding of child welfare/low-income transportation services. The Department needs to engage in additional analysis to determine the best approach to future procurement, given the unique needs of the population being served.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
<p>Does this request utilize ARPA/MJRP funds?</p>	
<p><input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).</p>	
<p><input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.</p>	
<p><input checked="" type="checkbox"/> No – If No, proceed to Part V.</p>	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
Does the requesting Department signatory understand and acknowledge Maine's COI Statute?	
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges <u>MRS Title 5, §18-A, 2.</u>	

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			Date: 06/13/24
Typed Name:	Don Lapostolsky		Date: 06/13/24
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	6/13/2024

DHHS Office:
OCFS

Service: TRANSPORTATION SERVICES CFS-SFY24 Amend 1

Vendor Name	Agreement Number	Amd	CT 10A	Start Date	End Date	Amendment Amount	Revised Amount
Western Maine Transportation Aroostook Regional Transportation Services	CFS-24-4012	B	20230508000000003096	7/1/2023	6/30/2024	(\$9,000.00)	\$3,480.00
Kennebec Valley CAP	CFS-24-4013	A	20230508000000003097	7/1/2023	6/30/2024	\$21,600.00	\$462,520.00
Penquis, CAP	CFS-24-4014	A	20230508000000003098	7/1/2023	6/30/2024	(\$42,000.00)	\$659,559.00
Regional Transportation Program	CFS-24-4015	A	20230508000000003099	7/1/2023	6/30/2024	(\$31,750.00)	\$618,071.00
Waldo Community Action Program	CFS-24-4016	A	20230508000000003100	7/1/2023	6/30/2024	\$174,400.00	\$905,620.00
York County Community Action Corporation	CFS-24-4017	A	20230508000000003101	7/1/2023	6/30/2024	\$1,000.00	\$199,442.67
Downeast Community Partners	CFS-24-4019	A	20230508000000003102	7/1/2023	6/30/2024	(\$104,500.00)	\$266,006.00
RideSource, Inc.	CFS-24-4020	A	20230508000000003103	7/1/2023	6/30/2024	(\$17,500.00)	\$341,364.00
	CFS-24-4021	B	20230508000000003104	7/1/2023	6/30/2024	\$7,750.00	\$17,750.00
Total Items	9				Totals	\$0.00	\$3,473,812.67