



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:		Corrections		
Department Contract Administrator or Grant Coordinator:		Krista Okerholm		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 43,300	Advantage CT / RQS #:	03A 20160818*0559
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	8/1/2014	Effective Date:	7/1/2024
	Previous End Date:	6/30/2024	New End Date:	6/30/2025
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Barbara Wakeen DBA Correctional Nutrition Consultants, LTD; North Canton, OH		
Brief Description of Goods/Services/Grant:		Menu development, consultation and dietary oversight of statewide (DOC) foodservice operations		

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

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The dietary needs of inmate populations are nuanced and complex. There are not many dieticians who specialize in correctional settings and Barbara Wakeen is a nationally recognized leader in this field. The Department attempted competitive bids in the past and ended up with sub-par services, which resulted in unhappy food service staff and unruly inmates. Further, many of our food-related ACA standards are dependent upon an effective foodservice program which this provider brings to the table.

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

As mentioned above Barbara Wakeen is a nationally recognized leader in this field. A major difficulty with testing the market at this stage concerns continuity of established services. Correctional nutrition is a delicate balance whereby major changes and/or disruptions in service can result in health and safety concerns for both staff and inmates—especially with regard to special medical diets and the like.

Ms. Wakeen has compiled an impressive list of pertinent credentials and certifications, including owner/operator of Correctional Nutrition Consultants from January 1995 to present. Her CV is available upon request.

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

The rates set forth in this amendment are held steady with last year's rates. This vendor has increased rates only one time which was the first such increase since the original contract was executed back in 2014. Each item in the contract is tied to specific program deliverables and outcomes and the Department considers the rates to be fair and reasonable.

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

The Department will consider competitively bidding these services if/when equally competent providers enter the correctional-nutritional market. For reasons noted on this waiver request, the Department considers continuity under the current provider to be of vital importance.

### 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**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	 <small>C41E0D953C6E4B0...</small>			6/10/2024
Typed Name:	Scott Landry, Associate Commissioner	Date:		
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD...</small>			
Typed Name:	Kathy Paquette	Date:	6/18/2024	