



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:		07D Child Welfare Ombudsman Program (Governor's Office)	
Department Contract Administrator or Grant Coordinator:		Laurie A. Andre	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ \$398,689.00	Advantage CT / RQS #:	20220616000000003418
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date: 6/30/2023
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:		VC0000181494 Child Welfare Ombudsman	
Brief Description of Goods/Services/Grant:		Provide ombudsman services to the children and families of the State regarding child welfare services provided by the Department of Health and Human Services (DHHS), in keeping with 22 MRSA Section 4087-A	

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.

22 MRSA Section 4087-A requires that these services be provided by the state of Maine in keeping with federal mandates. The purpose of this Contract is to provide case-specific advocacy services concerning DHHS child welfare programs by answering inquiries, working to resolve complaints, providing information, and advising DHHS with respect to system improvements. The program shall consider and promote the best interests of the child involved, answer inquiries and investigate, advise, and work toward resolution of complaints of infringement of the rights of the child and family involved.

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

This vendor was selected because of RFP#201701015. The renewal period has passed.

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

Cost was originally negotiated in RFP#201701015

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

A new RFP will need to be issued during this final contract period.

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

Does this request utilize ARPA/MJRP funds?

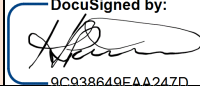
Yes – If Yes, please attach the approved Business Case(s).

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:

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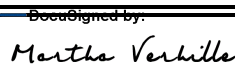
Typed Name:

Heather
Perreault

Date:

6/30/2022

Signature of DAFS
Procurement Official:

DocuSigned by:

891CE7A1493D45B...

Typed Name:

Martha verhille

Date:

7/19/2022

