



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)	\$10,000.00	Advantage CT / RQS #:	202105050000003065
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	7/25/2023
	Previous End Date:	New End Date:	9/30/2023
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		The Opportunity Alliance, 50 Lydia Lane, South Portland ME 04108	
Brief Description of Goods/Services/Grant:		Flexible Funding Administration for Regional Care Teams	

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.

**PART III: SUPPLEMENTAL INFORMATION**

The Department is in need of a provider that has policy and process in place for administering a flexible funding account to youth and families in the community with low barriers.

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

The Opportunity Alliance is located in the southern part of the state near Long Creek Youth Development Center and is the only provider in that area that has a history of administering flexible funding for the department for justice involved youth in need. The provider has a vacant case management position that is able to be filled for the purposes of this grant. The provider has existing [policies, procedures, and practices in place in order to staff the case management position and administer the flexible funding prior to the end of the grant period. Opportunity Alliance is one of two capable providers who offer this service. The other, Wings, is located in the northern part of the state (Region 3) and not capable of serving youth in Region 1 and parts of Region 2. Opportunity Alliance is uniquely qualified to provide these services given their experience with DOC and executing the services, as well as their geographic location related to the departments specific need. The provider is uniquely positioned to administered Flex Fund Dollars through the Regional Community Care Teams, which reviews youth reentering the community from secure confinement, due to policies and procedures already in place and mechanisms to administer flex fund dollars.

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

The Opportunity Alliance has been administering this flexible funding account for the Regional Care teams since July 1<sup>st</sup> of 2020. Due to the history of service, the negotiated cost was deemed fair and reasonable between the provider and department. The provider will receive \$10,000.00, \$9,000 will be for flexible funding and \$1,000 (10%) will be for administrative overhead for managing the fund.

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

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: <i>Christine Thibeault</i> 1EE8D729BD7F495...		
Typed Name:	Christine Thibeault, Assoc, Commissioner	Date:	7/31/2023
Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i> 2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	8/8/2023

NOI 0820230858 08/08/2023 - 08/14/2023