



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 / Juvenile Justice Advisory Board		
Department Contract Administrator or Grant Coordinator:		Linda Barry Potter		
(If applicable) Department Reference #:		NA		
Amount: (Contract/Amendment/Grant)		\$ 10,000.00	Advantage CT / RQS #:	20210816*0362
CONTRACT	Proposed Start Date:	Click or tap to enter a date.	Proposed End Date:	Click or tap to enter a date.
AMENDMENT	Original Start Date:	10/1/2021	Effective Date:	7/1/2023
	Previous End Date:	6/30/2023	New End Date:	6/30/2024
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Wing for Children and Families 900 Hammond St. Bangor, ME 04401		
Brief Description of Goods/Services/Grant:		Funding for the Regional Care Team in Region II and III.		

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 JJAG has determined to continue to support Wings involvement with the Regional Care Teams (RCT). Wings will provide services to DOC's Region II and Region III by convening and facilitating these Regional Care Teams along with DOC's Regional Correctional Administrators. The purpose of these teams is to keep youth out of Detention and Commitment situations and served them in their own communities.

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

Wings for Children and Families has been partnered with the JJAG since 2020 and is the only provider in this area who is equipped to support the RCT's going forward

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

JJAG has promised to put in \$10,000 to match the investment made by Department of Corrections. Out of these funds the RCT's are able to meet the needs of about 70 families over the space of a year. Sometimes there is more than one need in a family, by matching DOC funds JJAG continues to leverage federal funds with state funds as is outlined in our 3-Year Plan. Funding codes 013 03A 3023 01 6401 20MHS FY2021.

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

The provider is one of two providers in the state that can provide this service. If more providers can provide this service in the future, an RFP will be issued.

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

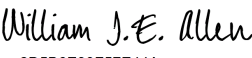
Does this request utilize ARPA/MJRP funds?

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:  <small>1EE8D729BD7E495...</small>		
Typed Name:	Christine Thibeault, Associate Commissioner	Date:	8/24/2023
Signature of DAFS Procurement Official:	DocuSigned by:  <small>2D5B6E39F57E44A...</small>		

**Procurement Justification Form (PJF)**

Typed Name:	william J.E. Allen	Date:	8/31/2023
-------------	--------------------	-------	-----------

NOI 0820230963 08/31/2023 - 09/06/2023