



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:		Chris Moiles \ Brianne Carrero	
(If applicable) Department Reference #:		CFS-25-40XX (Multiple See Addendum)	
Amount: (Contract/Amendment/Grant)		\$4,162,429 Template Total	Advantage CT / RQS #: Multiple (See Addendum)
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
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:		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 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

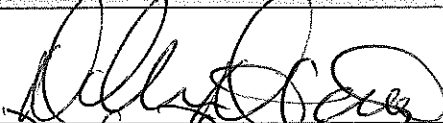

Please respond to ALL of the questions in the following sections.

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.	<p>The purpose of these template Agreements is to provide Transportation to children involved in open Child Protective Services cases, to individuals who have Low-incomes, and to individuals who have no other reasonable means of transportation to reach necessary destinations.</p> <p>The Providers determine eligibility, coordinate pickups and drop-offs, and transport each eligible client utilizing private and/or public vehicles.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<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>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<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>
4. Describe the plan for future competition for the goods or services.	<p>The Department awarded a contract as the result of RFP# 202003059, Evaluation of the Department of Health and Human Services Transportation Programs. The evaluators report and recommendations will inform the most effective and cost-efficient method of procuring these services in the future.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> 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):			
Typed Name:	Debra Durov	Date:	8/8/2024
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	8/16/2024

DHHS Office: OCFS

Service: TRANSPORTATION SERVICES CFS-SFY25

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Revised Amount
WESTERN MAINE TRANSPORTATION	CFS-25-4012	20240328000000002639	7/1/2024	6/30/2025	\$12,480.00
AROOSTOOK REG TRANS SYS INC	CFS-25-4013	20240328000000002640	7/1/2024	6/30/2025	\$440,920.00
KENNEBEC VALLEY COMMUNITY	CFS-25-4014	20240328000000002641	7/1/2024	6/30/2025	\$701,559.00
PENQUIS CAP INC	CFS-25-4015	20240328000000002642	7/1/2024	6/30/2025	\$649,821.00
REGIONAL TRANSPORTATION PROG	CFS-25-4016	20240328000000002643	7/1/2024	6/30/2025	\$731,220.00
WALDO COMMUNITY ACTION PARTNER	CFS-25-4017	20240328000000002644	7/1/2024	6/30/2025	\$198,443.00
YORK CTY COMM ACTION CORP	CFS-25-4019	20240328000000002645	7/1/2024	6/30/2025	\$370,506.00
DOWNEAST COMMUNITY PARTNERS	CFS-25-4020	20240328000000002646	7/1/2024	6/30/2025	\$358,864.00
RIDESOURCE INC	CFS-25-4021	20240328000000002647	7/1/2024	6/30/2025	\$698,616.00
Total Items	9			Totals	\$4,162,429.00