



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OCFS		
Department Contract Administrator or Grant Coordinator:		Brienne Carrero / Melinda Farrell		
(If applicable) Department Reference #:		Multiple, see attached		
Agency Department Code:	10A	Advantage CT / RQS # :	Multiple, see attached	
Amount: (Contract/Amendment/Grant		\$3,573,855.00 MVA Total		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	9/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple, see attached		
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. Higher Education 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 purpose of this Multi-Vendor Agreement 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.

The Providers determine eligibility, coordinate pickups and drop-offs, and transport each eligible client utilizing private and/or public vehicles.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

The Department is using the current nine (9) 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.

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

The rates for these services were increased by 20% in SFY23 based on the flat rates for each Provider over the past several years. The rate for State mileage reimbursement increased to \$0.54 per mile effective 11/01/2024.

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

The Department awarded a contract as the result of RFP# 202003059, Evaluation of the Department of Health and Human Services Transportation Programs. The Department has been approved to conduct a contracted review of OCFS' Transportation Program. The review's report and recommendations will inform the most effective and cost-efficient method of procuring these services in the future.

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.

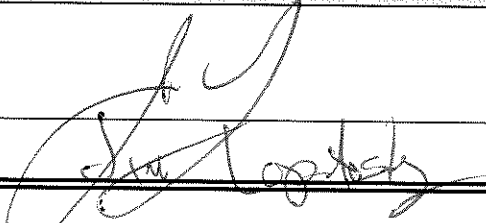
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date: 6-Aug-25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date:

Signature of DAFS Procurement Official:		
Typed Name:	Kathy Paquette	Date: 8/20/2025

Procurement Justification Form (PJF)

DHHS Office: OCFS

Service: TRANSPORTATION MVA CFS-SFY26

CTMV: 20250721TRANSPORTATI

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
WESTERN MAINE TRANSPORTATION	CFS-26-4012	20250721000CFS264012	10/1/2025	9/30/2026	\$12,480.00
AROOSTOOK REG TRANS SYS INC	CFS-26-4013	20250721000CFS264013	10/1/2025	9/30/2026	\$290,688.60
KENNEBEC VALLEY COMMUNITY ACTION PROGRAM	CFS-26-4014	20250721000CFS264014	10/1/2025	9/30/2026	\$530,425.20
PENQUIS CAP INC	CFS-26-4015	20250721000CFS264015	10/1/2025	9/30/2026	\$562,358.16
REGIONAL TRANSPORTATION PROG	CFS-26-4016	20250721000CFS264016	10/1/2025	9/30/2026	\$647,121.00
WALDO COMMUNITY ACTION PARTNER	CFS-26-4017	20250721000CFS264017	10/1/2025	9/30/2026	\$180,241.80
YORK CTY COMM ACTION CORP	CFS-26-4019	20250721000CFS264019	10/1/2025	9/30/2026	\$214,642.80
DOWNEAST COMMUNITY PARTNERS	CFS-26-4020	20250721000CFS264020	10/1/2025	9/30/2026	\$202,798.08
RIDESOURCE INC	CFS-26-4021	20250721000CFS264021	10/1/2025	9/30/2026	\$933,099.12
Total Items	9		Total Projected Spend:		\$3,573,855.00 (rounded)