



**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.*

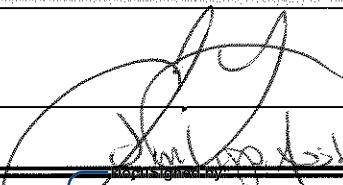

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OCFS		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Brianne Carrero		
(If applicable) Department Reference #:		CFS-23-40XX (See Addendum)		
Amount: (Contract/Amendment/Grant)		\$ 3,415,695.00 (Combined Total)	Advantage CT / RQS #:	Multiple (See Addendum)
CONTRACT	Proposed Start Date:	<b>07/01/2022</b>	Proposed End Date:	06/30/2023
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:		Multiple - See Addendum		
Brief Description of Goods/Services/Grant:		Transportation Services – Low Income and Child Welfare		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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	
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>	<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>
<b>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</b>	<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>
<b>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</b>	<p>The rates for these services are the same as in the main Agreements and reflect flat rates over the past several years. The rate for State mileage reimbursement is \$0.45 per mile.</p>
<b>4. Describe the plan for future competition for the goods or services.</b>	<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)	
<b>Does this request utilize ARPA/MJRP funds?</b>	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> No – If No, proceed to Part V	

PART V: APPROVALS			
<b>The signatures below indicate approval of this procurement request.</b>			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>David D. Assby</i>	Date:	<i>24 - Aug - 22</i>
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	9/2/2022

Addendum**Office:** OCFS**Service Group:** Transportation Services – Low Income & Child Welfare**Start:** 07/01/2022**End:** 06/30/2023

Vendor Name	Agreement Number	CT 10A	Agreement Amount
WESTERN MAINE TRANSPORTATION	CFS-23-4012	20220711000000000074	\$ 22,480.00
AROOSTOOK REG TRANS SYS INC	CFS-23-4013	20220711000000000075	\$ 440,920.00
KENNEBEC VALLEY COMMUNITY	CFS-23-4014	20220711000000000076	\$ 701,559.00
PENQUIS CAP INC	CFS-23-4015	20220711000000000077	\$ 649,821.00
REGIONAL TRANSPORTATION PROG	CFS-23-4016	20220711000000000078	\$ 731,220.00
WALDO COMMUNITY ACTION PARTNER	CFS-23-4017	20220711000000000079	\$ 140,325.00
YORK CTY COMM ACTION CORP	CFS-23-4019	20220711000000000080	\$ 370,506.00
DOWNEAST COMMUNITY PARTNERS	CFS-23-4020	20220711000000000081	\$ 358,864.00
		Total:	\$ <b>3,415,695.00</b>