



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		
Department Contract Administrator or Grant Coordinator:		Conner McFarland		
(If applicable) Department Reference #:		N/A		
Amount: (Contract/Amendment/Grant)		\$ 7,484	Advantage CT / RQS #:	CT 03A 20220915*0814
CONTRACT	Proposed Start Date:	9/26/2022	Proposed End Date:	12/31/2022
AMENDMENT	Original Start Date:	Click or tap to enter a date.	Effective Date:	Click or tap to enter a date.
	Previous End Date:	Click or tap to enter a date.	New End Date:	Click or tap to enter a date.
GRANT	Project Start Date:	Click or tap to enter a date.	Grant Start Date:	Click or tap to enter a date.
	Project End Date:	Click or tap to enter a date.	Grant End Date:	Click or tap to enter a date.
Vendor/Provider/Grantee Name, City, State:		Fitzgerald Correctional Consulting, LLC Wallingford, CT		
Brief Description of Goods/Services/Grant:		PREA Audits at Downeast Correctional Facility and Leading the Way Transitional Living Center		

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

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 Maine Department of Corrections has elected to comply with the federal Prison Rape Elimination Act and its published standards. The PREA Management Office requires that any agency who seeks certification of full compliance must audit at least one-third of each facility type operated by the agency during each one-year period. Failure to complete the audits will result in a 5% reduction in federal funding for the agency.

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

Fitzgerald Correctional Consulting has been a Bureau of Justice certified auditor since 2014. He has performed numerous PREA Audits for Maine Department of Corrections over the last five years and has become very familiar with our policies and standard operating procedures. Selection of a different auditor would require additional time, costs, and auditor training on Department policies and procedures, which would delay the scheduling of the audits into the next audit cycle and cause noncompliance with the standards listed above.

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

The proposed costs are consistent with previous rates charged by this Provider which the Department considers to be fair and reasonable. The proposed total includes a 15% discount as a result of Agency involvement with ACA and return business.

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

The Department will consider procuring these services through competitive bid when/if we become aware of other entities capable of providing said services.

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:
Scott Landry
C41E0D953C6E4B0

Procurement Justification Form (PJF)

Typed Name:	Scott Landry, Associate Commissioner	Date:	9/20/2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>William J.E. Allen</i>		
Typed Name:	2D5B6E39F57E44A... william J.E. Allen	Date:	Click or tap to enter a date. 9/26/2022

NOI 0920220965 09/27/2022 - 10/03/2022