



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:		Sonja Morse	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$247,500.00	Advantage CT / RQS #:	20210505000000003065
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	9/1/2023
	Previous End Date:	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:		The Opportunity Alliance, 50 Lydia Lane, South Portland, ME 04401	
Brief Description of Goods/Services/Grant:		OJJDP Subrecipient: Housing Case Management and Flex Fund Administration	

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 checked="" 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.

**PART III: SUPPLEMENTAL INFORMATION**

The Maine Department of Corrections (MDOC) was awarded a federal grant that provides housing case management and has the infrastructure of flexible funding administration, and this provider was named specifically to meet that requirement. MDOC determined that the services are critical and essential to the agency responsibilities and operations, due to the need for ongoing programming and services to youth involved in juvenile justice.

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

A No-Cost Extension has been approved by OJJDP. The Opportunity Alliance is the current subrecipient under this grant. MDOC does not have the resources, expertise, experience, or personnel to conduct transformative mentoring at the level of this provider. This provider is one of two providers that provide hi-fidelity wraparound services to the state of Maine and covers Juvenile Region 1 and 2.

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

**OJJDP Grant #: CZ-BX-0013, CDFA#16.182.** A No-Cost Extension has been approved by OJJDP. This amendment will move funding into this contract to provide services for the no cost extension period. This amendment is to disencumber federal funding of \$79, 608.40 as it is unspent by this provider. Due to the no-cost extension, the contract end date is extended identifying the need to add in fiscal year 2024 funding for the state contract and programming. The Department considers to be fair and reasonable, for the addition of funds

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

This is a federal grant. **OJJDP Grant #: CZ-BX-0013, CDFA#16.182.**

**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:  1EE8D729BD7F495...		
Typed Name:	Christine Thibeault, Assoc. Commissioner	Date:	9/18/2023
Signature of DAFS Procurement Official:	DocuSigned by:  2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	9/26/2023

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