



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:		DHHS/OCFS/Violence Prevention		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Stacy Martin		
(If applicable) Department Reference #:		OVP-24-2010		
Amount: (Contract/Amendment/Grant)	\$ 9,688,424.01	Advantage CT / RQS #:	CT 10A 20230804*269	
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date:	9/30/2024
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:		Maine Coalition to End Domestic Violence (MCEDV) Augusta, Maine		
Brief Description of Goods/Services/Grant:		Domestic Violence Coalition		

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

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 Agreement is to provide education, support, and technical assistance to domestic violence service providers and providers of direct services in the State to establish and maintain shelter and supportive services for survivors of domestic violence and their dependents. It also supports the development of policies, procedures, and protocols to enhance domestic violence intervention and prevention in the State.

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

MCEDV plays an important role in helping programs to develop and deliver competent practices consistent with Family Violence Prevention and Services Act (FVPSA) guidance, including the promotion of trauma-informed services that help facilitate the social and emotional well-being of both survivors and their children. MCEDV has many years of experience in the oversight and management of domestic violence emergency shelters statewide and in of providing advocacy and other assistance to survivors.

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

The costs for these services are comparable to costs allocated to providers of similar services within the State and New England.

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

The Department does not intend to seek competitive bids for this service as MCEDV is the State's only domestic violence coalition. The Department recently completed a statewide victim needs assessment and the outcome, together with additional supplemental information, will inform the future strategic funding plan for violence prevention services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

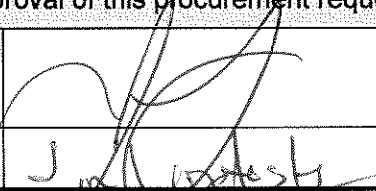
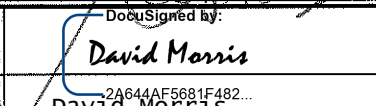
Does this request utilize ARPA/MJRP funds?

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):		
Typed Name:	David Morris	Date: 6-Sep-23
Signature of DAFS Procurement Official:		
Typed Name:	David Morris	Date: 9/28/2023