



### PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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:		Althea Harris \ Brianne Carrero	
(If applicable) Department Reference #:		OVP-25-230X	
Amount: (Contract/Amendment/Grant)	Multiple, see Addendum	Advantage CT / RQS #:	Multiple, see Addendum
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date: 9/30/2025
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:		Victim Advocacy	

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

Please respond to ALL of the questions in the following sections.

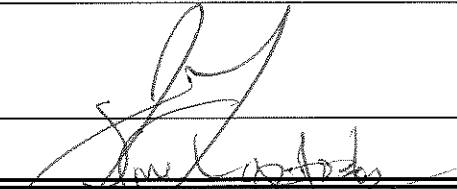

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	The purpose of this agreement is to provide victims and witnesses of crime access to advocacy services. These services are intended to provide victims with resources, to understand the criminal justice system and their rights within that system, and ensure the victim or witness receives appropriate advocacy services.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Each of the 8 District Attorneys' offices that provide Victim Witness Advocacy is provided funding for one (1) Victim Witness Advocate (VWA). Exceptions are D1(York) and D2(Cumberland), these Districts have elected not to receive funding. In place of D2, the City of Portland (Portland Police Department) will be provided funding to provide VWA services to the largest city in the county.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The costs for the main agreement were determined fair and reasonable when compared to previous contracts and ongoing costs associated with the scope of service.
4. Describe the plan for future competition for the goods or services.	In the coming year, the Department will pull together a group of stakeholders to review recommendations from the statewide victim needs assessment and help inform the future strategic funding plan for violence prevention services.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <u>Title 5, §18</u> and <u>§18-A</u>, in harmony with MRS <u>Title 17, §3104</u>.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.	

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	17-01-2024
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/25/2024

DHHS Office: OCFS

Service: VICTIMS ADVOCACY-SFY25

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Revised Amount
COUNTY OF ANDROSCOGGIN	OVP-25-2300	20240814000OVP252300	10/1/2024	9/30/2025	\$55,000.00
COUNTY OF AROOSTOOK	OVP-25-2301	20240814000OVP252301	10/1/2024	9/30/2025	\$55,000.00
COUNTY OF KENNEBEC	OVP-25-2303	20240814000OVP252303	10/1/2024	9/30/2025	\$55,000.00
COUNTY OF KNOX	OVP-25-2304	20240814000OVP252304	10/1/2024	9/30/2025	\$55,000.00
COUNTY OF PENOBSCOT	OVP-25-2305	20240814000OVP252305	10/1/2024	9/30/2025	\$55,000.00
PORTLAND CITY OF	OVP-25-2307	20240814000OVP252307	10/1/2024	9/30/2025	\$55,000.00
COUNTY OF WASHINGTON	OVP-25-2308	20240814000OVP252308	10/1/2024	9/30/2025	\$55,000.00
<b>Total Items</b>	<b>7</b>			<b>Totals</b>	<b>\$385,000.00</b>