



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:		Jennifer Levesque/Nicole Mitchell		
(If applicable) Department Reference #:		ECE-26-2112		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 20250717000ECE262112	
Amount: (Contract/Amendment/Grant		\$701,180.00		
CONTRACT	Proposed/Original Start Date:	<b>10/1/2025</b>	Proposed/Most Recent End Date:	9/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		My Place Teen Center Saco, ME		
Brief Description of Goods/Services/Grant:		Improving Outcomes for Youth: Region 1		

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. Higher Education Cooperative Project	<input checked="" type="checkbox"/>	L. Other Authorization – RFP Extended

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 My Place Teen Center (MPTC), an Improving Outcomes for Youth (IOY) service to promote Temporary Assistance to Needy Families (TANF) purposes: three (3) prevent and reduce the incidence of out-of-wedlock pregnancies; and/or four (4) encourage the formation and maintenance of two-(2) parent Families. The Provider shall promote the Department's philosophy of health, safety, resilience, and opportunity for Maine people as well as the Children's Cabinet Areas of Focus "to increase prevention services and programming in schools at the community level and increase access to needed behavioral health services, including substance use disorder screenings and treatment."

The Agreement provides services to Youth (ages 14-24) which increase or positively impacts the Youth's knowledge, skills, and attitudes regarding adequate nutrition, eating, and preparing healthy foods, proper hygiene, self-care, fitness, and exercise. Services increase knowledge and skills regarding avoidance of high-risk behavior such as substance abuse and behavior resulting in teen pregnancy. Youth will progress on a "success pathway" understanding what it takes to land a meaningful job, pursue higher education, engage in civic-minded activities, and be skilled for leadership roles.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

The Provider was selected as part of a competitive process under RFP #202005094 expiring on 9/30/2025.

Due to unknown Federal funding changes the Department intends to extend the current contracts for a one-year period to ensure services continue until ongoing funding is secured.

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

The cost of these services were determined through the RFP process, negotiated with the Provider, and are deemed fair and reasonable.

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

The Department is currently working on an RFP (OCFS20246) to competitively procure these services with an anticipated contract start date of 10/1/2026.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

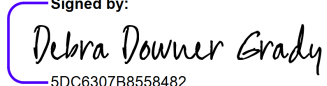
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

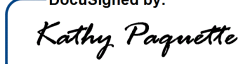
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	Signed by:  5DC6307B8558482...		
Typed Name:	Debra Downer Grady, Deputy Director for Competitive Procurement	Date:	Ju1-28-2025

**PART VII: EMERGENCY – Required only if selecting E. Emergency Justification**

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/6/2025