



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/Violence Intervention and Response	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell	
(If applicable) Department Reference #:		Multiple, see attached	
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple, see attached
Amount: (Contract/Amendment/Grant)	\$385,000.00		
CONTRACT	Proposed/Original Start Date:	10/1/2025	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:		Multiple, see attached	
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. Higher Education 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 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 solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

Six of the DA's Offices across the state are provided funding for one (1) Victim Witness Advocate (VWA). The City of Portland (Portland Police Department) also receives funding to provide VWA services for the largest city in Cumberland County.

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

The Department has concluded that the costs for the main agreement were determined to be fair and reasonable in comparison to previous contracts and ongoing costs associated with the scope of service.

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

The Department does not intend to competitively procure these services at this time.

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).

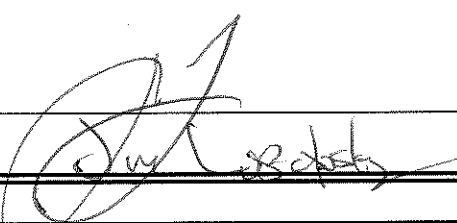
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

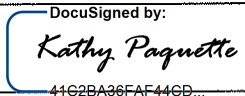
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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):			
Typed Name:		Date:	19-Aug-25

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:  41C2BA36FAF44GD...		
Typed Name:	Kathy Paquette	Date:	10/6/2025

Service: VICTIMS ADVOCACY-SFY26

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Amount
COUNTY OF ANDROSCOGGIN	OVP-26-2300	20250722000OVP262300	10/1/2025	9/30/2026	\$55,000.00
COUNTY OF AROOSTOOK	OVP-26-2301	20250722000OVP262301	10/1/2025	9/30/2026	\$55,000.00
COUNTY OF KENNEBEC	OVP-26-2303	20250722000OVP262303	10/1/2025	9/30/2026	\$55,000.00
COUNTY OF KNOX	OVP-26-2304	20250722000OVP262304	10/1/2025	9/30/2026	\$55,000.00
COUNTY OF PENOBSCOT	OVP-26-2305	20250722000OVP262305	10/1/2025	9/30/2026	\$55,000.00
PORTLAND CITY OF	OVP-26-2307	20250722000OVP262307	10/1/2025	9/30/2026	\$55,000.00
COUNTY OF WASHINGTON	OVP-26-2308	20250722000OVP262308	10/1/2025	9/30/2026	\$55,000.00
Total Items	7			Totals	\$385,000.00