



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 / Melinda Farrell		
(If applicable) Department Reference #:		CFS-26-3050		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 20250911000CFS263050	
Amount: (Contract/Amendment/Grant		\$37,769.00		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	6/30/2026
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:		RLS & Associates Inc. Dayton, OH		
Brief Description of Goods/Services/Grant:		Evaluation of OCFS Transportation Services		

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.

In Request for Proposal #202003059 the Department completed an evaluation of transportation programs which primarily focused on MaineCare Non-Emergency Transportation (NET) services. The evaluation led to changes in the NET program which influenced the future RFP for those services. The Office of Child and Family Services (OCFS) is proposing to build on the research conducted during the 2020-2021 Transportation Program Evaluation to determine current service gaps, challenges, and recommendation for solutions to Child Welfare and Low-Income transportation programs.

The Provider shall prepare a final report on their evaluation of the Office of Child and Family Services' (OCFS) current transportation service network by gathering information from stakeholders, surveying clients, reviewing other states' transportation programs to identify best practices, and issuing a report that will include descriptions of the work completed, findings, and recommendations for improvements to the OCFS transportation 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.

The vendor was selected as an extension of the services provided for the Office of MaineCare Services (OMS) awarded under RFP# 202003059. The vendor was the awarded bidder and subsequently held contracts OMS-21-2100 and OMS-21-2200 with the Department. The Department is currently asking to leverage the previous work and tailor the service for the unique needs of the Office of Child and Family Services (OCFS).

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

Costs are considered fair and reasonable as they align with other negotiated costs for similar transportation evaluation services.

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

The Department does not plan to continue these services beyond the contract period.

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:	Jim Lopatosky Director of Contract Management	Date:	25 Sep 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:  41G2BA36FAF44GD...		
Typed Name:	Kathy Paquette	Date:	10/7/2025