



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**OFFICE OF STATE PROCUREMENT SERVICES**  
 STATE OF MAINE

**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:		Brienne Carrero \ Storm Dexter		
(If applicable) Department Reference #:		OVP-26-2010		
Agency Department Code:	10A	Advantage CT / RQS # :	CT-20250820000OVP262010	
Amount: (Contract/Amendment/Grant)		\$10,077,194.00		
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:		Maine Coalition to End Domestic Violence (MCEDV) Augusta, Maine		
Brief Description of Goods/Services/Grant:		Statewide Domestic Violence Coalition, MCEDV is a crucial organization in Maine, working to end domestic abuse, dating abuse, stalking, elder abuse, and commercial sex trafficking.		

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 education, technical assistance and administrative support to a network of domestic violence resources across Maine, including law enforcement, medical professionals, and child welfare agencies all working in collaboration to improve responses to domestic abuse and ensure safety protocols and met and effective services are provided for survivors of domestic violence and their children. Their core roles include establishing supportive services, maintaining emergency shelters and transitional housing, offering a 24-hour helpline, crisis counseling, safety planning and court advocacy assistance for survivors and their children fleeing abusive situations. The Agreement supports the development of policies that prioritize survivor safety holding abusers accountable, 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 solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

MCEDV is the only provider with the infrastructure to provide leadership, oversight and monitoring of all the domestic violence resource centers statewide.

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.

Working with MCEDV is also the most coordinated, efficient, and effective way to manage standards and quality across the State for services for victims and survivors of domestic abuse and violence.

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 were considered fair and reasonable for the Department.

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

This issue is discussed with/by leadership annually and is partly impacted by the availability of federal funds, which in recent years has been unstable. Currently, the Department does not intend to competitively procure this service.

**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.

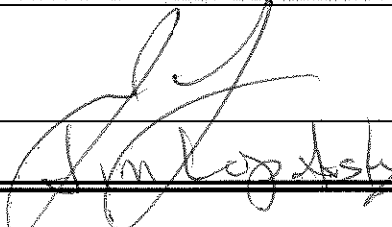
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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**

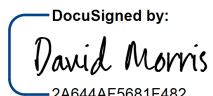
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kim Lopez	Date:	17-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:  2A644AF5681F482...		
Typed Name:	David Morris	Date:	10/27/2025

NOI 1020250971 10/27/2025 - 11/02/2025