

DHHS Office: OCFS
 Service: Victim Advocacy

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Revised Amount
Androscoggin County	OVP-24-2300	20230810000000000309	10/1/2023	9/30/2024	\$55,000.00
Aroostook County	OVP-24-2301	20230810000000000310	10/1/2023	9/30/2024	\$55,000.00
Kennebec County	OVP-24-2303	20230810000000000311	10/1/2023	9/30/2024	\$55,000.00
Knox County	OVP-24-2304	20230810000000000312	10/1/2023	9/30/2024	\$55,000.00
Penobscot County	OVP-24-2305	20230810000000000313	10/1/2023	9/30/2024	\$55,000.00
City Of Portland	OVP-24-2307	20230810000000000314	10/1/2023	9/30/2024	\$55,000.00
Washington County	OVP-24-2308	20230810000000000315	10/1/2023	9/30/2024	\$55,000.00
Total Items	7			Totals	\$385,000.00



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of 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 / Matt Galletta		
(If applicable) Department Reference #:		OVP-24-230X		
Amount: (Contract/Amendment/Grant)		Multiple – See attachment	Advantage CT / RQS #:	Multiple – See attachment
CONTRACT	Proposed Start Date:	10/01/2023	Proposed End Date:	09/30/2024
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 attachment		
Brief Description of Goods/Services/Grant:		Victim Advocacy		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.

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 RFP number, if applicable.

Each of the 8 District Attorneys' office that provides 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.

The Department recently completed a statewide victim needs assessment and the outcome, together with additional supplemental information, will inform the future strategic funding plan for violence prevention services.

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

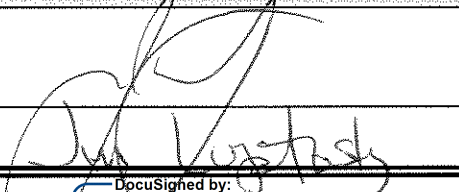
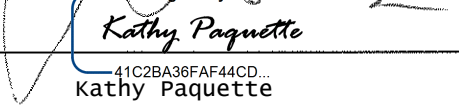
Does this request utilize ARPA/MJRP funds?

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

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:	Jim Vugstad	Date: 19-Oct-23
Signature of DAFS Procurement Official:	DocuSigned by: 	
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date: 11/3/2023