



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.

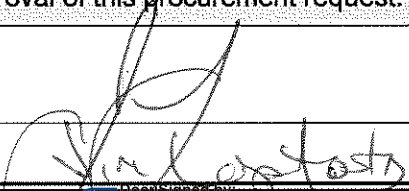

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OCFS		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque Melanie Boucher		
(If applicable) Department Reference #:		CFS-24-40XX A (See Addendum)		
Amount: (Contract/Amendment/Grant)		\$ 0.00	Advantage CT / RQS #:	Multiple (See Addendum)
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	07/01/2023	Effective Date:	07/01/2023
	Previous End Date:	06/30/2024	New End Date:	No change
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple - See Addendum		
Brief Description of Goods/Services/Grant:		Transportation Services – Low Income and Child Welfare		

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 checked="" 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.	<p>The purpose of these template Agreements is to provide Transportation to children involved in open Child Protective Services cases, to individuals who have Low-incomes, and to individuals who have no other reasonable means of transportation to reach necessary destinations.</p> <p>The Providers determine eligibility, coordinate pickups and drop-offs, and transport each eligible client utilizing private and/or public vehicles.</p> <p>The purpose of these Amendments is to reallocate Child Welfare Transportation funding from one Provider to another as the Provider is not able to provide these services during this contract iteration.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>The Department is using the current Providers because they have been in place for more than 20 years, and have the knowledge and infrastructure required to meet the transportation needs of OCFS' Child Welfare and Low Income clients. Having new agencies provide the service would require significant start-up costs to purchase transportation vehicles, hire agency drivers/recruit volunteers, and purchase software to manage routes and schedules.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The rates for these services were increased by 20% in SFY23 based on the flat rates for each over the past several years. The rate for State mileage reimbursement is \$0.46 per mile.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department awarded a contract as the result of RFP# 202003059, Evaluation of the Department of Health and Human Services Transportation Programs. The evaluators report and recommendations will inform the most effective and cost-efficient method of procuring these services in the future.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):			Date: 16-Nov-22
Typed Name:			
Signature of DAFS Procurement Official:			Date: 11/28/2023
Typed Name:	Kathy Paquette		

DHHS Office: OCFS
Service: Transportation Services – Low Income and Child Welfare

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Amendment Amount	Revised Amount
Western Maine Transportation	CFS-24-4012 A	20230508000000003096	7/1/2023	6/30/2024	(\$10,000.00)	\$12,480.00
RideSource, Inc	CFS-24-4021 A	20230508000000003104	7/1/2023	6/30/2024	\$10,000.00	\$698,616.33
Total Items	2					