



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:		Office of the Attorney General	
Department Contract Administrator or Grant Coordinator:		Mark A. Toulouse	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 16,000.00	Advantage CT / RQS #:	CT 26A 20231013*1106
CONTRACT	Proposed Start Date	9/15/2023	Proposed End Date: 12/31/2023
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:		Dr. Kim Johnson 40 Sparwell Lane Brunswick, ME 04011	
Brief Description of Goods/Services/Grant:		Specialized Consultant 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. 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 Contract is to procure specialized consultant services for the Maine Recovery Council.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The Office of the Attorney General/Maine Recovery Council has a need for specialized consultant services. The Maine Recovery Council was established pursuant to the Maine State Subdivision Memorandum of Understanding (PDF) and Agreement Regarding Use of Settlement Funds and 5 M.R.S.A. §203-C. The purpose of the Council is to direct the disbursement of funds within the Maine Recovery Fund for specific uses throughout the state to address the opioid crisis in Maine. As work begins to distribute these funds, Dr. Johnson's broad unmatched substance abuse background will be invaluable in assisting the Council in these first steps.

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

Dr. Johnson's figure was agreed upon by the MRC board.

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

There is little/no competition for Dr. Johnson's specialized knowledge. She now only has exponential knowledge in the field of substance abuse and emotional behaviors, she spent seven years as the Director of the Office of Substance Abuse for the State of Maine, giving her specific insight into the specific challenge and goal for the Maine Recovery Council. With no learning curve, and critical historical knowledge, Dr. Johnson will be able to guide the council on day one.

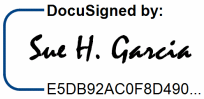
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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):	<i>Mark A. Toulouse</i>		
Typed Name:	Mark A. Toulouse	Date:	10/13/2023
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Sue H. Garcia E5DB92AC0F8D490...</small>		
Typed Name:	Sue H. Garcia	Date:	1/19/2024