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//OBH Dr. Jessica Benson-Yang \|\| Eliza Fielding | | |
| Department Contract Administrator or Grant Coordinator: | Jennifer Levesque/Nicole Mitchell | | |
| (If applicable) Department Reference #: | OSA-26-374 | | |
| Agency Department Code: | 10A | Advantage CT / RQS # : | 202507180000OSA26374 |
| Amount: (Contract/Amendment/Grant | $ 984,761.00 | | |

| | | | | |
|---|---|---|---|---|
| CONTRACT | Proposed/Original Start Date: | **9/1/2025** | Proposed/Most Recent End Date: | 8/31/2026 |
| 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: | Univ of Maine Sys<br>Orono, Maine |
| Brief Description of Goods/Services/Grant: | Data to Action Analysis and Facilitation, Naloxone Distribution |

## PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

| | | | |
|---|---|---|---|
| ☐ | A. Competitive Process | ☐ | G. Grant |
| ☐ | B. Amendment | ☐ | H. State Statute/Agency Directed |
| ☒ | C. Single Source/Unique Vendor | ☐ | I. Federal Agency Directed |
| ☐ | D. Proprietary/Copyright/Patents | ☐ | J. Willing and Qualified |
| ☐ | E. Emergency | ☐ | K. Client Choice |
| ☐ | F. Higher Education Cooperative Project | ☐ | L. Other Authorization |

*Please respond to ALL of the questions in the following sections.*

| PART III: SUPPLEMENTAL INFORMATION |
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| 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 administrative, evaluation, and multimedia project management for the Maine's Naloxone Distribution Initiative.<br><br>The Maine Naloxone Distribution Initiative was established to comply with Governor Mills' executive order dated February 6, 2019; An Order to Implement Immediate Responses to Maine's Opioid Epidemic; Section III. OVERDOSE AND DEATH PREVENTION; Section C. directing the Office of Behavioral Health (OBH) to purchase doses of intranasal naloxone and intramuscular naloxone for distribution.<br><br>Additionally, the Provider shall provide administrative support and facilitation to further the State's goal of operationalizing data to enhance programmatic implementation. This shall be done by engaging in and providing guidance on data analysis, presentation, and meeting attendance led by the Office of Behavioral Health. |
| 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. |
| University of Maine at Orono, a bona fide agent of the State, is uniquely qualified to perform the deliverables of this contract due to their pivotal position between data sources and state entities. The provider has been deeply engaged and rooted in the work since 2019. |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. |
| The rates were negotiated and are considered cost-effective based on industry standard: the rates are comparable to rates offered by the Provider for similar services. |
| 4. Describe the plan for future competition for the goods or services. |
| The Department does not intend to RFP this service. |

| PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP) |
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| 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: | 29-Oct-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: Kathy Paquette 41C2BA36FAF44CD... | | |
| Typed Name: | Kathy Paquette | Date: | 1/2/2026 |