



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/OADS/Disability Services/Betsy Hopkins/Christie Goodman	
Department Contract Administrator or Grant Coordinator:		Althea Harris/Nicole Mitchell	
(If applicable) Department Reference #:		ADS-26-3704	
Agency Department Code:	10A	Advantage CT / RQS #:	CT 20251112000ADS263704
Amount: (Contract/Amendment/Grant)		\$65,000.00	
CONTRACT	Proposed/Original Start Date:	12/18/2025	Proposed/Most Recent End Date: 6/30/2026
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 Association of The Deaf, INC Yarmouth, Me.	
Brief Description of Goods/Services/Grant:		Administration and Support/ Deaf 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. 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.

On the evening of October 25, 2023, the City of Lewiston, Maine, experienced an incident of mass violence. In total, 18 individuals died, and dozens more were injured. Four of those individuals who died were members of Maine's Deaf Community. In the United States, the incident was the deadliest mass shooting of the year and the tenth deadliest mass shooting on record. In the days and weeks after the tragedy, Maine DHHS partnered with the City of Lewiston, local healthcare, behavioral health, and community organizations, and across the Maine State Government, federal and local partners to coordinate the early response to this devastating event. In particular, Maine DHHS provided – and plans to continue to provide – leadership to the behavioral health response critical in the aftermath of mass violence.

After a tragedy of this nature and scope, a comprehensive approach must be taken to help the community and individuals recover. This contract and its services are a vital component of the behavioral health response to support Lewiston.

In particular, this contract bolsters support and services for the Deaf and hard of hearing community, a group unduly impacted by the shooting. In the hours and days after the event, there were multiple communication challenges that resulted in members of the Deaf community being unaware of the situation unfolding in real time, as well as members experiencing barriers to connecting with family within the healthcare system; further, there are educational efforts needed to ensure that the first responder and healthcare provider systems are better prepared to provide support and care to Deaf individuals.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The Maine Association for the Deaf (MeAD) is the statewide entity that promotes the social, recreational, educational, civic and economic welfare of all deaf citizens in Maine. In the days and weeks since the tragedy, representatives from within Maine DHHS have worked with leaders from the Deaf community to determine the appropriate entity to undertake the scope of work outlined in this contract. The decision to contract with MeAD was determined based on the efforts the organization undertook in the hours after the shooting, including establishing a website that centralized critical information as well as interpreting resources. MeAD is a respected member lead organization within the Deaf community and is a natural pick for an organization to take on the work outlined in this contract.

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

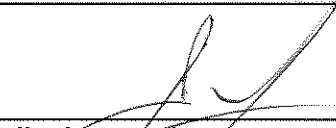
Many portions of this contract are a new service to Maine DHHS that considered proximate costs across other similar contracts and services. Funding specific to interpretation and CART services is based on standard SOM master agreements.

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


This service is time-limited, and a short-term continuation of the services provided under the previous emergency response SERG grant, which will end on 12/17/2025. This extension is being put in place to allow the Provider more time to secure other funding sources.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.	

PART VI: APPROVALS	
Governor/Department Commissioner or Designee	
1. 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:	10-Dec-25
2. Additional signature required ONLY if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the <u>designee</u> specifically authorized to approve emergency procurement requests.	
Signature of requesting Department's Commissioner (or designee):	
Typed Name:	
Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA30F4F44CD...</small>		
Typed Name:	Kathy Paquette	Date:	1/2/2026