



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/SFS | | |
| Department Contract Administrator or Grant Coordinator: | | Jennifer Levesque / Emily Clifton | | |
| (If applicable) Department Reference #: | | SFS-26-202 | | |
| Agency Department Code: | 10A | Advantage CT / RQS #: | CT 202512030000SFS26202 | |
| Amount: (Contract/Amendment/Grant) | | \$21,250.00 | | |
| CONTRACT | Proposed/Original Start Date: | 1/1/2026 | Proposed/Most Recent End Date: | 5/1/2026 |
| 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: | | Dianne Tennes, Bangor, ME | | |
| Brief Description of Goods/Services/Grant: | | Consultant | | |

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.

The purpose of this contract is for the State Forensic Service (SFS) to contract with a content area expert to provide time-limited consultation services for the SFS Parenting Capacity Evaluation Program. The Parenting Capacity Evaluation program was developed after the Office of Child and Family Services (OCFS) identified limitations of their Court Ordered Diagnostic Evaluation (CODE) program and requested funds to SFS to build out a more robust program to take over evaluations in the context of child maltreatment cases. The Parenting Capacity Evaluation program is overseen by a licensed psychologist hired as the SFS Family Court Program Coordinator.

The Provider shall provide time-limited coverage for some duties of the SFS Family Court Program Coordinator while that staff member is out of the office on leave. It is estimated the scope of work will be completed within five (5) months or less.

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.

Expertise in forensic mental health assessment of parental capacity in the context of child protective matters is a unique subspecialty. Limited providers around the country have this expertise. The selected provider has over 25 years of experience in this area of practice and is also familiar with the practices of State Forensic Service for both family court and criminal court matters.

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

The hourly rate is below market rate for psychologists consulting in forensic mental health assessment.

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

The Department does not intend to competitively procure this service. This is a one-time contract to provide limited temporary coverage for a content area expert.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) or (026) – 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

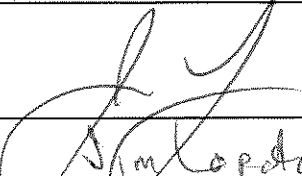
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department'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 Kardosky | 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 designee 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: | DocuSigned by:  | | |
| Typed Name: | 41C2BA36FAF44CD... Kathy Paquette | Date: | 1/6/2026 |