



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 Riverview and Dorothea Dix Psychiatric Centers	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		DRPC-24-001C	
Agency Department Code:	10A	Advantage CT / RQS #:	CT 10A 20230301000000002200
Amount: (Contract/Amendment/Grant)		Amend C: \$815,909.00 Revised: \$5,104,083.00	
CONTRACT	Proposed/Original Start Date:	7/1/2023	Proposed/Most Recent End Date: 12/31/2025
AMENDMENT	New Effective Date:	1/1/2026	New End Date (if Applicable): 6/30/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		CPS Solutions, LLC Dublin, OH	
Brief Description of Goods/Services/Grant:		Pharmacists and pharmacy management 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 checked="" 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 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.

This agreement provides on-site and remote pharmacy services for Dorothea Dix Psychiatric Center (DDPC), Riverview Psychiatric Center (RPC), and Capital Community Clinic (CCC).

The purpose of this amendment is to extend the agreement for 6 months and add funds to support these services while a new RFP is being completed.

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.

This vendor was selected as a result of a competitive procurement process through RFP #201809186; the procurement period expired on 6/30/2024.

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

The negotiated costs were determined as fair and reasonable during the evaluation of bidders. SFY26 costs continue to be the same as SFY25 rates.

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

The Department has a pending RFP (DRPC20231) to competitively procure these services a contract start date of July 1, 2026.

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):	Signed by:  <small>5DC6307B8558482...</small>		
Typed Name:	Debra Downer Grady, Deputy Director for Competitive Procurement	Date:	Dec-10-2025

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:  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	1/8/2026