



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		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza/Nicole Mitchell		
(If applicable) Department Reference #:		OSA-26-6005		
Agency Department Code:	10A	Advantage CT / RQS #:	CT 10A 20251103000OSA266005	
Amount: (Contract/Amendment/Grant)		\$150,000.00		
CONTRACT	Proposed/Original Start Date:	1/1/2026	Proposed/Most Recent End Date:	12/31/2026
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:		City of Bangor, Bangor, ME		
Brief Description of Goods/Services/Grant:		Post Overdose Response Team		

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.

This Agreement supports a collaborative partnership with the Penobscot County OPTIONS Liaison to provide coordinated follow-up and support for individuals who have experienced an overdose. The collaboration connects individuals to recovery and treatment resources, harm-reduction services, and other supports to promote stabilization and reduce the likelihood of repeat overdoses. The approach strengthens local public health response through coordinated engagement among first responders, treatment, recovery, and harm-reduction partners.

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 City of Bangor Public Health Department is uniquely qualified due to its established leadership in community-based public health, overdose prevention, and harm-reduction initiatives. The department maintains strong partnerships with Bangor Fire/EMS, Bangor Police, local treatment and recovery providers, and the Penobscot County OPTIONS Liaison—relationships essential for timely outreach, coordination, and continuity of care.

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

Costs are consistent with similar public-health coordination services statewide and reflect salary and fringe for qualified staff, administrative and data-management needs, and resources required to meet Rider A deliverables and performance measures. These include at least 20 hours per week of coordination, partnership development, data reporting, and public-education activities. The provider has not increased the cost for providing these services since the program began.

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

The Department does not intend to RFP the service at this time.

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 Lopatosky Director of Contract Management	Date:	17-Nov-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:	<small>DocuSigned by:</small> 		
Typed Name:	Kathy Paquette	Date:	1/8/2026