



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/Sarah Miller	
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Lyndsay Frank	
(If applicable) Department Reference #:		OSA-26-DOXY	
Agency Department Code:	10A	Advantage CT / RQS # :	20250925000000000546
Amount: (Contract/Amendment/Grant		\$13,305.60	
CONTRACT	Proposed/Original Start Date:	1/2/2026	Proposed/Most Recent End Date: 1/1/2027
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:		Doxy ME Inc Dallas, TX	
Brief Description of Goods/Services/Grant:		Telehealth platform used for confidential court ordered Psychological evaluations	

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.

State Forensic Service evaluations had to rapidly shift to a videoconference platform in 2020 due to the COVID-19 pandemic. In 2024, over 60% of SFS evaluations continued to be conducted by videoconference, despite the elimination of COVID-19 restrictions. Videoconference evaluations are an effective and efficient alternative in many situations, facilitating the office’s ability to meet the increasing demand for court ordered evaluations.

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.

The vendor was selected after consultation with OIT, OAG, and DHHS Commissioner’s Office, as SFS underwent a thorough review process and determined doxy.me met the technological, security, and administrative needs for SFS to have an ongoing platform.

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

Annual payment allows for significant savings overpaying monthly for this ongoing service.

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

When it is determined that Doxy no longer meets the needs of the SFS, or is no longer cost efficient, exploration of other services will commence.

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).

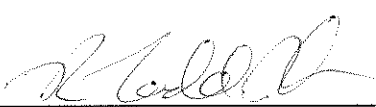
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

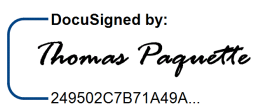
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Todd Haber Acting Deputy Commissioner of Finance	Date:	11/10/2025

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:	 249502C7B71A49A...		
Typed Name:	Thomas Paquette	Date:	1/12/2026