



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/Transportation Services-MHS		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger		
(If applicable) Department Reference #:	Multiple, see attached		
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple, see attached
Amount: (Contract/Amendment/Grant)	Multiple, see attached		
CONTRACT	Proposed/Original Start Date:	7/1/2024	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:	12/1/2025	New End Date (if Applicable): N/A
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	See attached list		
Brief Description of Goods/Services/Grant:	Transportation Services-MHS		

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 checked="" 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 amendment is to terminate services with Downeast Community Partners, increase services under Penquis CAP, and update service area language within Rider A.

It is essential that consumers who are ineligible for the MaineCare non-emergency medical transportation services, receive transportation to medical, employment and social services as identified in their treatment plan. Such services include only those which are not covered by the MaineCare non-emergency medical transportation services, which assists qualified consumers with mental health needs with access to medical, educational and social services.

On December 27, 2004, Governor John Baldacci signed an Executive Order ordering that DHHS, DOT and DOL, and other appropriate agencies continue to regularly collaborate to improve the overall coordination of passenger transportation. The Departments shall join to form an ongoing Interagency Transportation Coordinating Committee whose purpose will be to regularly coordinate the efforts of each agency as follows: 1) to improve methods of delivery of passenger transportation; 2) to be more effective and financially efficient; and 3) to improve universal mobility for Maine citizens and visitors.

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 providers were selected based on existing infrastructures, who could cover areas of need throughout the state and are currently providing the service to this specific population. The agencies selected had a history of providing transportation services covering the northern regions of the State.

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

The cost has been negotiated with the provider based on comparisons to other providers and has been consistent with prior years.

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

The Department does not intend to RFP this service due to the Executive Order ("An Order Increasing The Coordination Of State Government's Passenger Transportation Sector") which requires collaboration between DOT, DHHS, and DOL.

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

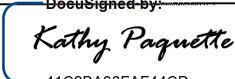
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Laporte	Date:	8-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:  Kathy Paquette		
Typed Name:	Kathy Paquette	Date:	1/15/2026

DDHHS Office: OBH
 Transportation
 Service: Services - MHS

Vendor Name	Agreement Number	Amend Number	CT 10A	Start Date	End Date	Amend Amount	Revised Amount
PENQUIS COMM ACTION PROG INC DOWNEAST COMMUNITY PARTNERS	MH3-25- 104	B	202406110000MH325104	7/1/2024	6/30/2026	\$19,189.00	\$42,255.50
	MH3-25- 377	X	202406110000MH325377	7/1/2024	6/30/2026	(\$32,895.00)	\$32,895.00
Total Items amended	2				Totals	(\$13,706.00)	\$75,150.50