



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 – Dorothea Dix & Riverview Psychiatric Centers	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Nicole Mitchell	
(If applicable) Department Reference #:		DRPC-25-102C	
Agency Department Code:	10A	Advantage CT / RQS #:	CT 10A 20240613000DRPC25102
Amount: (Contract/Amendment/Grant)	Current: \$1,998,558.00 Amend C: \$ 414,720.00 Revised: \$2,413,278.00		
CONTRACT	Proposed/Original Start Date:	7/1/2024	Proposed/Most Recent End Date: 12/31/2025
AMENDMENT	New Effective Date:	11/17/2025	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:		Worldwide Travel Staffing LTD Tonawonda, NY	
Brief Description of Goods/Services/Grant:		Travel Nurse 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 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 checked="" type="checkbox"/>	L. Other Authorization: RFP Extended

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 agreement is for temporary nursing staff coverage that is required to cover extended leave of absences, vacations, or unexpected vacancies in State-line positions. The RN II positions are vital in the operation of these psychiatric hospitals. If there is a vacancy, temporary staff will cover the positions until a permanent replacement has been hired. The psychiatric hospitals provide unique services and it is critical that the nursing services provide coverage temporarily and promptly for continuity of care for the patients.

This amendment is extending the contract end date and adding funds for existing travel nurses included on this agreement. No new resources will be added to this agreement through any amendment or contract renewal.

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.

These services were originally procurement under RFP 201807138 which expired on 12/31/2023.

Current resources will remain under this amendment and future contract renewals, while new resources will be procured using the Department Locum Tenens Master Agreement developed under RFP 202504054.

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

Costs for RNs are considered fair and reasonable and in alignment with current market wages. In addition, the mark up rate is considered fair and reasonable based on the original negotiated cost under this contract originally procured under RFP 201807138.

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

Future nursing needs will be procured under the recently released RFP #202504054.

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:	John Logothetis	Date: 2-Feb-26

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: <i>Kathy Paquette</i>	
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date: 2/4/2026