



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**OFFICE OF STATE PROCUREMENT SERVICES**  
 STATE OF MAINE

**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:		Maine Department of Corrections Division of Juvenile Services	
Department Contract Administrator or Grant Coordinator:		Sonja Charest	
(If applicable) Department Reference #:		N/A	
Agency Department Code:	03A	Advantage CT / RQS #:	03A 20250219000000001938
Amount: (Contract/Amendment/Grant)		\$15,000.00	
CONTRACT	Proposed/Original Start Date:	<b>7/1/2025</b>	Proposed/Most Recent End Date: 6/30/2027
AMENDMENT	New Effective Date:	<b>2/9/2026</b>	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:		Spurwink Services, Inc, Portland, Maine	
Brief Description of Goods/Services/Grant:		Family Functional Therapy	

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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	The Department of Corrections (DOC) has a continued need to reduce the number of youth incarcerated, in detention and to lower the recidivism rate utilizing evidence-based practice models. The mission of the Division of Juvenile Services (DJS) is to promote public safety by ensuring juveniles under DOC jurisdiction are provided with risk-focused interventions, quality treatment, and other services that teach skills and competencies; strengthen pro social behaviors to reduce the likelihood of re-offending and require accountability to victims and communities. DOC has determined Functional Family Therapy (FFT) is appropriate for meeting the above stated need
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 Provider is the only agency in the State of Maine currently licensed to deliver FFT which is recognized and promoted by various national organizations as an Evidence-Based programs and Practices. The therapists and supervisors have spent a significant amount of time receiving specialized training in this proprietorship, including on-going weekly consultation through their corporate offices to ensure this model is being delivered with the highest possible fidelity possible.  This amendment is to ensure continuity of care and provide additional funding for those uninsured to pay for services for the remainder of the fiscal year.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The individual treatment costs are established through a state-agency rate-setting process. The increase is based on current clients to maintain services until the remainder of the fiscal year. The Department deems this rate and cost fair and reasonable.
4. Describe the plan for future competition for the goods or services.	The Provider is the only agency in the State of Maine currently licensed to deliver FFT which is recognized and promoted by various national organizations as an Evidence-Based programs and Practices. Future competition to this program will necessitate an RFP; however, the costs associated with the start-up of a new program will strongly inhibit another site from implementing this Blueprint Model.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> 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

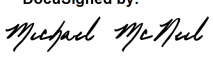
1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):	DocuSigned by:  1EE8D729BD7F495...		
Typed Name:	Christine Thiebaults, Assoc. Commissioner	Date:	2/10/2026

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:  7008790FB36A449...		
Typed Name:	Michael McNeil	Date:	2/11/2026

NOI 0220260096 2/11-2/17