



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:		Education/Office of School and Student Supports	
Department Contract Administrator or Grant Coordinator:		Bethany Cunningham	
(If applicable) Department Reference #:		N/A	
Agency Department Code:	05A	Advantage CT / RQS #:	20240611*3644
Amount: (Contract/Amendment/Grant)		\$20,000	
CONTRACT	Proposed/Original Start Date:	7/1/2024	Proposed/Most Recent End Date: 12/31/2025
AMENDMENT	New Effective Date:	1/1/2026	New End Date (if Applicable): 03/02/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Kennebec Behavioral Health, Waterville, ME	
Brief Description of Goods/Services/Grant:		Teletherapy services for EASE Maine Subgrantees	

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 EASE Maine grant initiative is a result of a federal grant application that included a commitment to providing teletherapy services to participating SAUs.

The EASE grant received a letter of non-continuation from the federal government that originally ended activities related to teletherapy and allowable grant activities on 12/31/25. State Education Agency (SEA) litigation has prevailed and resulted in an updated grant award notification (GAN) allowing for services to continue through 3/2/26. The Department received the updated Grant Award Notice on 1/8/26 and 2/5/26. This amendment is an extension of the original contract and interim funding award to be utilized to continue services.

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 Department did an RFQ initially for providers to provide teletherapy services to EASE Maine Subgrantees (RFQ 05A 230906-066 School based Mental Health Service Providers for Teletherapy). No qualified bids were received in response to the RFQ. The Department reached out to Kennebec Behavioral Health and Northern Light as they were currently providing similar services through a State pilot program. Kennebec Health was the only one of the two who had capacity for this work for the term of the grant. The grant requires consistency of care throughout the period as switching providers would be significantly disruptive.

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

The costs for these services is based on the budget allocation specified in the grant application and consistent with the original contract. It includes the cost of a full-time Clinician and a full-time Community Health Worker.

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

There is no current plan for future competition for the services. Currently, the grant is anticipated to end with this extension on 3/2/2026.

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):	Signed by: 		
Typed Name:	Megan Welter, Associate Commissioner of Public Education	Date:	2/17/2026

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:	Signed by: 		
Typed Name:	Sterling Doiron	Date:	2/27/2026

Certificate Of Completion

Envelope Id: 8FCFC9C3-4540-4742-B967-8451B717EE13

Status: Completed

Subject: Complete with Docusign: KBH_PJF_ContractAmendment_3.2.26_MW Signed.pdf

Source Envelope:

Document Pages: 3

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Sterling Doiron

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111 Sewall Street

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Augusta, ME 04333

Sterling.Doiron@maine.gov

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2/27/2026 8:42:29 AM

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Sterling Doiron

Security Level: Email, Account Authentication
(None)

Signature

Signed by:
Sterling Doiron
4C537C52B586437...

Signature Adoption: Pre-selected Style

Using IP Address: 71.169.188.88

Timestamp

Sent: 2/27/2026 8:42:36 AM

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Signed: 2/27/2026 8:43:00 AM

Freeform Signing

Electronic Record and Signature Disclosure:

Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

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Timestamps

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2/27/2026 8:42:36 AM

Certified Delivered

Security Checked

2/27/2026 8:42:40 AM

Signing Complete

Security Checked

2/27/2026 8:43:00 AM

Completed

Security Checked

2/27/2026 8:43:00 AM

Payment Events

Status

Timestamps