



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		Department of Administration and Financial Services, Office of Employee Health & Wellness			
Department Contract Administrator or Grant Coordinator:		Shonna Poulin-Gutierrez			
(If applicable) Department Reference #:		Click or tap here to enter text.			
Amount: (Contract/Amendment/Grant)		\$ 58,000.00	Advantage CT / RQS #:	18S20180302*2586	
CONTRACT	Proposed Start Date:	1/1/2022	Proposed End Date:	12/31/2022	
AMENDMENT	Original Start Date:	1/1/2018	Effective Date:	1/1/2022	
	Previous End Date:	12/31/2021	New End Date:	12/31/2022	
GRANT	Project Start Date:	Click or tap to enter a date.	Grant Start Date:	Click or tap to enter a date.	
	Project End Date:	Click or tap to enter a date.	Grant End Date:	Click or tap to enter a date.	
Vendor/Provider/Grantee Name, City, State:		Northern Light Health 931 Union Street, Suite 3 Bangor, ME 04401			
Brief Description of Goods/Services/Grant:		Drug and alcohol testing service			

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 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. University 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.

To continue providing the State of Maine drug and alcohol testing services.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The vendor was selected via RFP#201706115. We are taking advantage of the second renewal.

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

The negotiated costs were as a result of the competitive bidding process and is remaining the same for the first renewal.

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

The contract will be evaluated during the final extension. A new RFP will be developed and executed thereafter.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

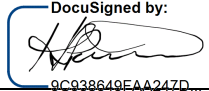

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Heather Perreault	Date:	Click or tap to enter a date. 12/28/2021
Signature of DAFS Procurement Official:			
Typed Name:	Click or tap to enter text. Kathy Paquette	Date:	Click or tap to enter a date. 5/18/2022