



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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 CDC/Disease Control and Prevention	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Brianne Carrero	
(If applicable) Department Reference #:		CD0-25-4425	
Amount: (Contract/Amendment/Grant)	\$21,448.00	Advantage CT / RQS #:	RQS-10A-20250226000000001206
CONTRACT	Proposed Start Date:	2/5/2025	Proposed End Date: 6/30/2025
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Verde Environmental Technologies Minnetonka, MN	
Brief Description of Goods/Services/Grant:		Deterra Pouches to deactivate drugs and prevent future environmental contamination.	

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 checked="" type="checkbox"/>	G. Grant
<input 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. 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.

Safe medication disposal is an evidence-based strategy to reduce access to unused prescription medications to reduce the likelihood of medication misuse. Community coalitions, community health workers, syringe service programs, and other community-based organizations need a safe, convenient, and permanent solution for community members to safely dispose of unwanted, expired, or unwanted medications at home. The Detera Pouches offer community members a safe option to safely dispose of their unused medications and reduce the further contamination of the environment. At-home options for safe medication disposal are also essential for individuals without reliable transportation access to permanent drug drop box locations.

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

Detera is the only independently tested and scientifically proven drug disposal system that permanently deactivates pills, patches, liquids, creams, and films. The patented Detera System uses activated carbon absorption to render drugs inert and safe for disposal in the normal household trash. Detera’s plant-based packaging is USDA Certified, 50% or more bio-based and has earned the I’m Green plastic certification. Detera has received official endorsements from both the DEA Educational Foundation and the Community Anti-Drug Coalitions of America (CADCA), both trusted partners in prevention.

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

The negotiated costs for this product are reasonable and fair as this is the only product on the market for safe disposal of medications at home. The products come in cases of 200 which is great for purchasing in bulk. These products are especially useful in rural areas with limited access to transportation or fear of bringing unwanted/expired medications to local law enforcement agencies for safe disposal.

Funding for the Detera Pouches is based on the federal funding received by the department, Prevent Prescription Drug/Opioid Overdose-Related Deaths grant. This will fund the purchase of Detera Pouches that will be distributed to community organizations across the state of Maine.

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

If the services are a continued need for the community organizations, the Department will continue to look for grant funding.

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) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

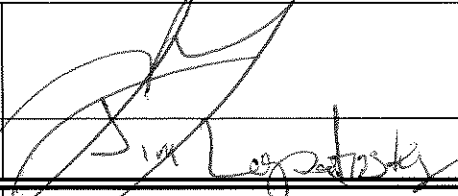
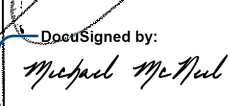
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:	David Legault	Date: 20-Nov-25
Signature of DAFS Procurement Official:		
Typed Name:	Michael McNeil	Date: 3/25/2025

NOI 0320250255