



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 checked="" 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.	<p>The EASE Maine grant initiative is a result of a federal grant application that included a commitment to providing teletherapy services to participating school administrative units (SAUs) SAUs.</p> <p>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. The funding for this grant ends on 3/2, and therefore, must be encumbered by that date.</p>
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.	<p>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.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>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.</p>
4. Describe the plan for future competition for the goods or services.	<p>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.</p>

<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

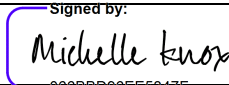
1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):	DocuSigned by:  <small>6119999ABD9B473</small>		
Typed Name:	Pender Makin, Commissioner	Date:	3/2/2026

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):	DocuSigned by:  <small>6119999ABD9B473...</small>		
Typed Name:	Pender Makin, Commissioner	Date:	3/2/2026

**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	Signed by:  <small>0008BD90EE5347F...</small>		
Typed Name:	Michelle Knox	Date:	3/2/2026

## Certificate Of Completion

Envelope Id: 0690AFC8-942E-4A7A-8421-F10342295408	Status: Completed
Subject: Complete with Docusign: KBH_ContractAmendmentPJF Feb 2026.docx	
Source Envelope:	
Document Pages: 3	Signatures: 2
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Pender Makin
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	Pender.Makin@maine.gov
	IP Address: 198.182.163.113

## Record Tracking

Status: Original	Holder: Pender Makin	Location: DocuSign
3/2/2026 2:23:24 PM	Pender.Makin@maine.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Maine Department of Education	Location: DocuSign

## Signer Events

Pender Makin  
Pender.Makin@maine.gov  
Commissioner  
Carahsoft OBO Maine Department of Education  
Security Level: Email, Account Authentication (Optional)

## Signature

DocuSigned by:  
  
6119999ABD9B473...  
Signature Adoption: Pre-selected Style  
Using IP Address: 198.182.163.113

## Timestamp

Sent: 3/2/2026 2:25:17 PM  
Viewed: 3/2/2026 2:25:25 PM  
Signed: 3/2/2026 2:25:37 PM

**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

Jennifer Tarr  
jennifer.l.tarr@maine.gov  
DOE Procurement Director  
Carahsoft OBO Maine Department of Education  
Security Level: Email, Account Authentication (Optional)

**COPIED**

Sent: 3/2/2026 2:25:37 PM  
Viewed: 3/2/2026 2:26:27 PM

**Electronic Record and Signature Disclosure:**  
Not Offered via Docusign

## Witness Events

## Signature

## Timestamp

## Notary Events

## Signature

## Timestamp

## Envelope Summary Events

## Status

## Timestamps

Envelope Sent	Hashed/Encrypted	3/2/2026 2:25:17 PM
Certified Delivered	Security Checked	3/2/2026 2:25:25 PM
Signing Complete	Security Checked	3/2/2026 2:25:37 PM
Completed	Security Checked	3/2/2026 2:25:37 PM

**Payment Events**

**Status**

**Timestamps**