



## 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 CDC/Office of Injury and Violence Prevention		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:	CD0-26-4432		
Agency Department Code:	10A	Advantage CT / RQS #:	20260109000CD0264432
Amount: (Contract/Amendment/Grant)	\$140,000.00		
CONTRACT	Proposed/Original Start Date:	<b>1/1/2026</b>	Proposed/Most Recent End Date:
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Covenstead, LLC 52 Ocean Street, South Portland, ME 04106		
Brief Description of Goods/Services/Grant:	Suicide Mortality Review Committee coordination and implementation support		

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 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 purpose of this Contract is to support the development, implementation, and maintenance of a Suicide Mortality Review Committee (SMRC) for the State of Maine. A Suicide Mortality Review Committee is a collaborative team of individuals who review selected suicide deaths with the intention of identifying trends, service gaps, and recommendations for systems improvement and suicide prevention opportunities. Maine does not currently have an SMRC, and the Department is currently in the process of planning and implementing an SMRC initiative. Previous federal funding for SMRC infrastructure development was lost when the grant award was ended prior to an anticipated second year.

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.

This vendor, Kiley Wilken-O'Brien, provides planning and organizational support for the SMRC. Ms. Wilkens-O'Brien had previously been supporting this work under a contract with BVS; however, the federal planning grant was impacted by early termination. This fact, coupled with the recent submission of LR 2795 -*An Act to Establish the Maine Suicide Mortality Review Panel* by DHHS, has made it necessary for MaineCDC to contract with Ms. Wilkens-O'Brien for 9 months to complete the work necessary to establish such a panel. This is a one-time project, and the vendor has been selected since she has already worked directly with DHHS and other key stakeholders to move the project to the current state of planning

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

The rates for services in this contract are consistent with rates for the same service in contracts previously held by another Bureau (Bureau of Veterans Services). The number of hours are different than other previous contracts held by BVS as this project is in a different stage – nearing implementation – and the tasks needed to be completed during this contract period will take more hours to complete.

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

This project is currently supported by one-time, limited term funding. If additional resources are secured to support work after this period, competitive procurement will be considered.

### 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**

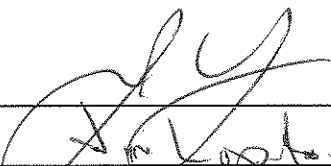
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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):			
Typed Name:		Date:	2-Mar-26

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: <i>Kathy Paquette</i>		
Typed Name:	Kathy Paquette	Date:	3/10/2026