



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: | | Corrections/ Juvenile Justice Advisory Group | |
| Department Contract Administrator or Grant Coordinator: | | Linda Barry Potter | |
| (If applicable) Department Reference #: | | NA | |
| Agency Department Code: | 03A | Advantage CT / RQS #: | 20251210*1364 |
| Amount: (Contract/Amendment/Grant) | \$20,000.00 | | |
| CONTRACT | Proposed/Original Start Date: | 3/1/2026 | Proposed/Most Recent End Date: 9/2/2027 |
| 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: | | Mi'kmaq Nation | |
| Brief Description of Goods/Services/Grant: | | Language Preservation Services | |

| 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. | This contract will engage a Mi'kmawi'simk (Migma) speaker to teach the native language to Mi'kmaq youth, community members, and elders to support its preservation. According to the UNESCO Atlas of the World's Languages, Mi'kmawi'simk is considered a vulnerable language. |
| 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 Provider was identified as the only firm offering cultural education services that teach Mi'kmaq culture, language, and history. The Provider is recognized by the U.S. Bureau of Indian Affairs as the tribal government for the Mi'kmaq people and is the only provider of these cultural services for Mi'kmaq communities in the State of Maine. |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. | A total cost of \$20,000 is reasonable for an 18-month contract to provide Mi'kmaw cultural education and language instruction. This level of funding supports recurring teaching sessions for youth, community members, and elders; preparation and customization of age-appropriate lessons; development and use of instructional materials; coordination with program partners; and the time and travel required to deliver services consistently over an extended period. The contract also reflects the specialized expertise required to provide authentic instruction in a vulnerable Indigenous language and culture, and it aligns with the limited availability of qualified providers in Maine. |
| 4. Describe the plan for future competition for the goods or services. | The State of Maine will release an RFA for these services if additional Providers are identified. |

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

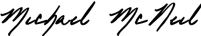
1. The signature below indicates approval of this procurement request.

| | | | |
|--|---|-------|-----------|
| Signature of requesting Department's Commissioner (or designee): | DocuSigned by:  | | |
| Typed Name: | Christine Thibeault, Associate Commissioner | Date: | 2/13/2026 |

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: | DocuSigned by:  | | |
| Typed Name: | Michael McNeil | Date: | 3/11/2026 |

NOI 0320260162 3/11-3/17