



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:	DHHS/OBH/Robert Porter/Elizabeth Heath		
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Melinda Farrell		
(If applicable) Department Reference #:	OSA-25-3022		
Amount: (Contract/Amendment/Grant)	\$275,754.80	Advantage CT / RQS #:	CT 10A 20250214000OSA253022
CONTRACT	Proposed Start Date:	2/1/2025	Proposed End Date: 8/1/2025
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:	Venous Technologies Inc, Los Angeles, CA		
Brief Description of Goods/Services/Grant:	Hygiene Kits and Wound Kits to distribute to SSP's, SUD Outreach/Homeless Shelters, OPTIONS Liaisons, and Recovery Residences and Mental Health Agencies.		

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. 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.

The purpose of this Agreement is to purchase Hygiene Care Kits and Wound Care Kits

Maine's Office of Behavioral Health intends to use OD2A-S and SORP funding to support purchasing hygiene kits to be distributed to people with problematic substance use patterns. Kits will include KN95 masks, hand sanitizer, soap, and other basic hygiene supplies to ensure good public health. These kits are expected to be distributed through street outreach, post-overdose clinical responders (OPTIONS Liaisons), homeless shelters, syringe service programs, and other service sites that have frequent contact with the SUD population.

The primary goal of the Wound Care Kit purchase is to increase public health in the population of People Who Use Drugs (PWUD); with the secondary goals of connecting individuals with substance use disorder to harm reduction, treatment, and recovery resources; and reducing stigma via the OPTIONS Liaisons. The OPTIONS Campaign aims to engage individuals in our communities who may be at risk of overdose in a meaningful and practical manner. This order will also complement the recent order/purchase of Xylazine test strips. Maine's Office of Behavioral Health intends to use the FRCARA funding to support purchasing Wound Care Kits to be distributed to people with problematic substance use patterns. Kits will include surgical gloves, sterile saline, antibiotic ointment, Benzalkonium Chloride Towelettes, sterile gauze pads, sterile bandages, sterile skin closure strips, and sheets of herbal wound healing salve. These items will be contained and distributed in a zippered pouch that will have half of the pouches imprinted with the OPTIONS logo and half with no imprint. These kits are expected to be distributed through street outreach, post-overdose clinical responders (OPTIONS Liaisons), homeless shelters, syringe service programs, and other service sites that have frequent contact with the SUD population.

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

This Agreement is to continue upon previous operational need. This Provider was used previously and was able to fulfil the requirements of the Department. As the OD2A-S grant has an end date of 8/31/25 and the SORP grant has an end date of 9/30/25, there was not enough time to complete the RFP process before the Department lost access to these funds.

The recommendation for utilizing the funds in this manner was directly from the OD2A-S Project Officer and OD2A-S Grant Manager and the NOA is clear that this funding is only to purchase the items as described above. The recommendation for utilizing SORP funds was made in collaboration with the MeCDC Hepatitis & Harm Reduction Program Manager and the SOR Project Director.

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

This is one time funding available through the OD2A-S and SOR grants for Hygiene Kits and Wound care Kits.

PART III: SUPPLEMENTAL INFORMATION

4. Describe the plan for future competition for the goods or services.
 This will be the last procurement with this Provider without being competitively bid.

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

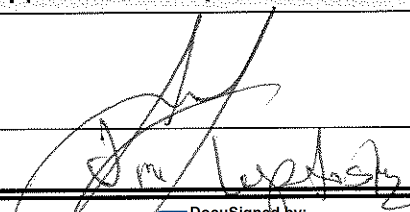

Does this request utilize ARPA/MJRP funds?
 Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
 Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
 No – If No, proceed to Part V.

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):			Date:	9-Apr-25
Typed Name:			Date:	
Signature of DAFS Procurement Official:	DocuSigned by: 		Date:	4/15/2025
Typed Name:	Kathy Paquette		Date:	