



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: | | DHHS / OBH / Taylor LaCroix | | |
| Department Contract Administrator or Grant Coordinator: | | Jennifer Levesque / Nicole Mitchell | | |
| (If applicable) Department Reference #: | | MH1-27-102 | | |
| Agency Department Code: | 10A | Advantage CT / RQS #: | CT-202603300000MH127102 | |
| Amount: (Contract/Amendment/Grant) | | \$ 1,037,928.00 | | |
| CONTRACT | Proposed/Original Start Date: | 7/1/2026 | Proposed/Most Recent End Date: | 6/30/2027 |
| 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: | | Preble Street Portland, Maine | | |
| Brief Description of Goods/Services/Grant: | | Homeless Shelter for Women | | |

| 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 provider operates a facility known as the Florence House which is the only female homeless housing option for women who are chronically homeless and have been unable to be housed based on their mental health, substance abuse, and other disabling conditions. Prior to Florence House, women in this population were sleeping on cots at the Preble Street Soup Kitchen, after the YWCA closed 68 units of housing/shelter beds for women. Public Law 2009, c.213, Part A identifies that Florence House will receive funds to support the program. |
| 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. | Avesta Housing and Preble Street and their collaborative effort have created Florence House. Florence House remains the entity with expertise as an organization to serve women who are chronically homeless and have been unable to be housed based on their mental health, substance use, and/or other disabling conditions. Preble Street has unique experience and business relationships to keep this service available in this geographic area. |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. | This facility operates 24/7 and is supported by other sources of revenue. The Department's portion of the total funding supports more than 27 FTE's which are a combination of professional, and paraprofessionals used across many behavioral health services. Salaries, levels of effort and associated expenses for these services are comparable to similar services. |
| 4. Describe the plan for future competition for the goods or services. | The Department does not plan to competitively procure these services. |

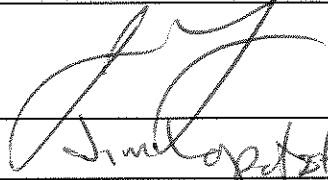
| PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP) | |
|---|--|
| Does this request utilize ARPA/MJRP funds? | |
| <input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s). | |
| <input type="checkbox"/> Yes, ARPA funds (025) or (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 | |
|---|--|
| <i>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.</i> | |
| <input checked="" type="checkbox"/> 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: | 7-Apr-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: |  | | |
| Typed Name: | David Morris | Date: | 4/17/2026 |

NOI 0420260246 04/17/2026 - 0423/2026