



**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.*

<b>PART I: OVERVIEW</b>			
Department Office/Division/Program:		DHHS/OBH Richard Freund/ Eliza Fielding	
Department Contract Administrator or Grant Coordinator:		Stephanie Wood/Jennifer Levesque	
(If applicable) Department Reference #:		OSA-26-723A	
Agency Department Code:	10A	Advantage CT / RQS #:	202505010000OSA26723
Amount: (Contract/Amendment/Grant)		Amend A: \$55,416.50 Revised: \$166,249.50	
CONTRACT	Proposed/Original Start Date:	<b>7/1/2025</b>	Proposed/Most Recent End Date: <b>6/30/2026</b>
AMENDMENT	New Effective Date:	<b>7/1/2026</b>	New End Date (if Applicable): <b>12/31/2026</b>
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Spurwink Services Portland Maine	
Brief Description of Goods/Services/Grant:		CommUNITY Health Worker	

<b>PART II: JUSTIFICATION FOR VENDOR SELECTION</b>			
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 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 amendment is to add funding and extend the current agreement to 12/31/2026 when the project will conclude.**

The Somali community in greater Androscoggin County experience barriers to SUD treatment, including, but not limited to, differences in language, preferences with culture, religion, and knowledge about SUD, recovery and other services. This service will provide funding for one FTE who shall be responsible for educating, training and connecting individuals to services and/or resources.

This service supports the Governor's Opioid Response plan strategy #16- to increase public awareness of overdose prevention and the use of naloxone, and strategy #17- increase awareness, understanding, and utilization of harm reduction strategies and resources. This service is essential to address the increase in overdoses occurring in this Somali community.

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 Vendor will conduct a Systems Improvement and Innovation Responsive planning grant in partnership with New Mainers Public Health Initiative and Maine Immigration Refugee Services to develop a pathway to responsive, culturally competent substance use treatment and recovery in Lewiston. This service will help build equitable systems, encourage civic participation, and build community wellness and resiliency for this minority population. This provider, along with their unique partnerships, put forth strategies to reduce these identified barriers by hiring a Community Health Worker to carry out these functions. This Provider was chosen based upon their unique partnerships and individual ability to fulfill the requirements of the grant.

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

This work is being funded by a grant from the Maine Health Access Foundation (MEHAF) and a negotiated Department contract. This service has been approved in the Prevention and Treatment fund spending plan.

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

This unique service will end 12/31/2026. The Department will make a determination regarding future procurement.

### 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**

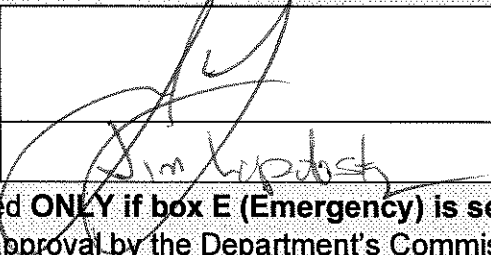
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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

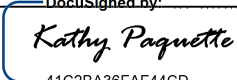
1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):		
Typed Name:	Jim Lapadula	Date: 30-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:		
Typed Name:	Kathy Paquette	Date: 4/21/2026