



DIVISION OF PROCUREMENT SERVICES

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/Rebecca Taylor/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melanie Boucher		
(If applicable) Department Reference #:		OSA-24-374		
Amount: (Contract/Amendment/Grant)		\$984,761.00	Advantage CT / RQS #:	CT 10A 20230920000000000837
CONTRACT	Proposed Start Date:	9/1/2023	Proposed End Date:	8/31/2024
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:		Univ of Maine Sys Orono, ME		
Brief Description of Goods/Services/Grant:		Data to Action Analysis and Facilitation, Naloxone Distribution		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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. 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 provide administrative, evaluation, and multimedia project management for the Maine's Naloxone Distribution Initiative.

The Maine Naloxone Distribution Initiative was established to comply with Governor Mills' executive order dated February 6, 2019; An Order to Implement Immediate Responses to Maine's Opioid Epidemic; Section III. OVERDOSE AND DEATH PREVENTION; Section C. directing the Office of Behavioral Health (OBH) to purchase doses of intranasal naloxone and intramuscular naloxone for distribution.

Additionally, the Provider shall provide administrative support and facilitation to further the State's goal of operationalizing data to enhance programmatic implementation. This shall be done by engaging in and providing guidance on data analysis, presentation, and meeting attendance in close cooperation with the Office of Behavioral Health.

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

University of Maine at Orono, a bona fide agent of the State, is uniquely qualified to perform the deliverables of this contract due to their pivotal position between data sources and state entities. The provider has been deeply engaged and rooted in the work since at least 2019. They have provided a standard level of care, data and fiscal integrity and customer service across respective catchment areas.

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

The rates were negotiated and are considered cost-effective based on industry standard: the rates are comparable to rates offered by the Provider for similar services.

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

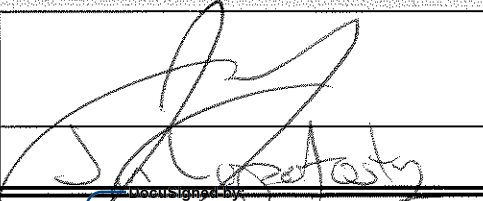

The Department does not intend to RFP this service.

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

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	8-Feb-24
Signature of DAFS Procurement Official:			
Typed Name:	kathy Paquette	Date:	5/8/2024