



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/OMS/ Michelle Hoosier/Rachel Boynton		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Lyndsay Frank		
(If applicable) Department Reference #:		OMS-25-6001		
Amount: (Contract/Amendment/Grant)		\$ 62,922.00	Advantage CT / RQS #:	CT-10A- 20250407000OMS256001
CONTRACT	Proposed Start Date:	4/1/2025	Proposed End Date:	12/31/2025
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:		Cornerstone Doula Trainings LLC Portland, Oregon 97206		
Brief Description of Goods/Services/Grant:		Increase the overall capacity of the Maine Doula workforce		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. University Cooperative Project	☐	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 shall simultaneously increase the overall capacity of the Maine Doula workforce and increase doula workforce knowledge/experience/understanding regarding pregnant people with SUD/ODU and trauma-informed care in birth work.

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

Cornerstone is an agency focused on developing training to aid in the understanding of patient-centered, trauma-informed, SUD-aware birth work. Nickie Tilsner, doula and cofounder of Cornerstone, brings over 20 years of expertise in harm reduction services, working primarily within the Bay Area. Her extensive background includes syringe exchange services, overdose prevention education, community naloxone distribution, street outreach, and case management. She has also managed the implementation of a model HCV intervention targeting young people who live with SUD.

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

Project costs have been determined to be fair and reasonable in negotiations between the State and the University. Project costs include the following: conducting a standard doula training course, a standard training licensing fee, as well as training fees per participant.

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

The Department does not plan to continue these services beyond the period of this Federal Grant Award.

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.

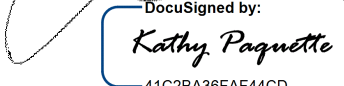
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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):			
Typed Name:		Date:	29-Apr-20
Signature of DAFS Procurement Official:	 DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	5/12/2025