



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 Commissioner's Office- Workforce Development	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell	
(If applicable) Department Reference #:		COM-25-0319	
Amount: (Contract/Amendment/Grant)		\$9,000.00	Advantage CT / RQS #: CT 10A 20250327000COM250319
CONTRACT	Proposed Start Date:	4/7/2025	Proposed End Date: 6/30/2025
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:		Wabanaki Public Health and Wellness, Inc	
Brief Description of Goods/Services/Grant:		Wabanaki History and Culture Sharing Training	

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.

For DHHS to live its mission of health, safety, resilience and opportunity for all Maine people, the Department seeks training on the culture and needs of Maine's Tribal populations to better collaborate on services and strengthen understanding.

The purpose of this Contract is to support the Department's efforts to build relationships with each of Maine's federally recognized Tribes in order to meaningfully engage and align priorities as is required by many of the federal programs operated by the Department, as well as to ensure the Department is operating in an equitable manner.

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

The Wabanaki Public Health and Wellness, Inc. mission is to provide community-driven, culturally centered public health and social services to all Wabanaki communities and people while honoring Wabanaki cultural knowledge, cultivating innovation, and fostering collaboration. This private nonprofit organization has been in existence since 1996, experiencing major growth within the last few years.

Wabanaki Public Health and Wellness has delivered the Wabanaki History and Culture Sharing training for the Maine Veterans Services and comes highly recommended for DHHS. This training content is only available from Wabanaki Public Health and Wellness, Inc., and is developed and delivered by members of the Wabanaki tribe,

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

The Department has determined that these costs are fair and reasonable. Recent rates for training provided by other organizations range from \$1,500 - \$5,000 per session.

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

The Department does not intend to competitively procure these services in the future.

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:	Jeanne Garza	Date:	05/12/25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	5/19/2025