



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 \$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:		Department of Public Safety – Maine State Police	
Department Contract Administrator or Grant Coordinator:		Lt. Greg Roy Alexander Gibson	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ 76,968	Advantage CT / RQS #:	CT 16A 20230615*3698
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:
	Previous End Date:	6/30/2025	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Dr. Karen Harman VC0000255430 27 Ogunquit Rd Cape Neck, Maine 03902	
Brief Description of Goods/Services/Grant:		Mental Health Consultant for annual wellness consults, post-incident, operational debriefings, etc.	

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 checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

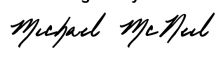
PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Provide the required psychological consulting for Maine State Troopers, as well as for existing State Police Officers that have been involved with a critical incident, operational support (debriefing), mental health seminars, etc. Psychologists must be licensed and based in Maine and offering services at a Maine address. Psychologists must have experience dealing with law enforcement applicants and in evaluating and treating first responders and/or military personnel
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Maine State Police is currently working with this vendor who has history treating law enforcement psychological health and evaluations/consultations. The goal is to maintain this vendor while we search for additional willing and able licensed mental health clinicians to establish a regional network of providers to provide these services statewide.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Dr. Karen Harman has given a slight increase in her fees and travel for the new contract. These rates are still very much in line with other providers for similar services.
4. Describe the plan for future competition for the goods or services.	We will continue to look for psychologists with this background that are based in the State of Maine to develop this network. It is optimum to have other providers located in all areas of the State.

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) – 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 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):	Michael J. Sauschuck		
Typed Name:	Michael Sauschuck, Commissioner	Date:	5/21/2025
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>7008790FB30A449...</small>		
Typed Name:	Michael McNeil	Date:	5/28/2025

NOI 0520250488 5/28-6/4

Signature: 

Email: michael.sauschuck@maine.gov






Karen Harman PJF - Unsigned

Final Audit Report

2025-05-21

Created:	2025-05-21
By:	Alexander Gibson (Alexander.T.Gibson@maine.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAfKCjWp3ItL_3gbX0Jq7vTz4CQK9KWXAt

"Karen Harman PJF - Unsigned" History

-  Document created by Alexander Gibson (Alexander.T.Gibson@maine.gov)
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-  Document e-signed by Michael Sauschuck (michael.sauschuck@maine.gov)
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