



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 \$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.*

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OCFS	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank	
(If applicable) Department Reference #:		Multiple; see attachment	
Agency Department Code:	10A	Advantage CT / RQS #:	CTMV-20240905SUPPORTIVEVI
Amount: (Contract/Amendment/Grant)		Amend C: \$2,035,477.10 Rev: \$8,258,863.80	
CONTRACT	Proposed/Original Start Date:	<b>10/1/2024</b>	Proposed/Most Recent End Date: 3/31/2026
AMENDMENT	New Effective Date:	<b>4/1/2026</b>	New End Date (if Applicable): 9/30/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Multiple; see attachment	
Brief Description of Goods/Services/Grant:		Supportive (Family) Visitation Program	

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 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 Agreement is to provide a Family Visitation Program pursuant to 22 M.R.S.A. §4041(1-A)(A)(1)(c)(v).

The Provider shall provide a Family Visitation Program that ensures Visitation takes place in a safe, secure, and least restrictive environment, which may include a home or community setting. Visitation Supervision Workers (VSWs) shall observe and assess the Parent(s) and Child(ren)'s interaction as well as siblings and/or extended family members. VSWs use Coaching and Training Prompts to assist Parents in building the parenting skills needed to meet the goals identified in the Family Visitation Plan.

**This Amendment is being done to extend the MVA for an additional six (6) months due to delays in the RFP process. Funding to support the extension is also being added with increases in Rates in Districts 3 through 8.**

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.

Providers were selected as a result of the competitive bidding process RFP 201911201 the procurement period ended on 9/30/2025.

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

The cost structure required in the RFP is based on a mathematical formula. The costs of these vendors were considered fair and reasonable and the best value for the Department.

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

The Department intends to competitively procure this service with RFP 202512161 an anticipated contract start date of 10/1/2026.

**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**

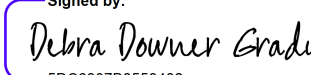
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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

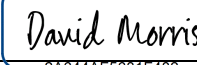
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	Signed by:  <small>5DC6307B8558482...</small>		
Typed Name:	Debra Downer Grady, Deputy Director for Competitive Procurement	Date:	Apr-16-2026

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:	DocuSigned by:  <small>2A644AF5681F482...</small>		
Typed Name:	David Morris	Date:	5/14/2026

NOI 0520260308 05/14/2026 - 05/20/2026

**Procurement Justification Form (PJF)**

**DHHS Office:** OCFS  
**Service:** Supportive Visitation-SFY-25 Amendment 4  
**CTMV** 10A 20240905SUPPORTIVEVI

Vendor Name	Agreement Number	Amend Number	CTP 10A	Start Date	End Date	Amend C Projected Spend	Revised Projected Spend
Aroostook Mental Hlth Serv	CFS-25-8708	C	20250107000CFS258708	10/1/2024	9/30/2026	\$467,892.00	\$1,597,680.00
Penquis Comm Action Prog	CFS-25-8710	C	20250108000CFS258710	10/1/2024	9/30/2026	\$460,512.00	\$1,572,480.00
Community Care	CFS-25-8711	C	20250108000CFS258711	10/1/2024	9/30/2026	\$1,499,072.40	\$5,288,673.60
<b>Total Items amended</b>	<b>3</b>				<b>Total Projected</b>	<b>\$2,427,476.40</b>	<b>\$8,458,833.60</b>