



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/Lisa Aguirre	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank	
(If applicable) Department Reference #:		Multiple, see attachment	
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple, see attachment
Amount: (Contract/Amendment/Grant)		Amend C: \$ 3,573,855.00 Revised: \$ 7,147,710.00	
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date: 9/30/2026
AMENDMENT	New Effective Date:	10/1/2026	New End Date (if Applicable): 9/30/2027
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:		Transportation Services – Low Income and Child Welfare	

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 Multi-Vendor Agreement is to provide Transportation to children involved in open Child Protective Services cases, to individuals who have Low-incomes, and to individuals who have no other reasonable means of transportation to reach necessary destinations.

The Providers determine eligibility, coordinate pickups and drop-offs, and transport each eligible client utilizing private and/or public vehicles.

This Amendment extends the Multi-Vendor Agreement for an additional twelve (12) months, adds funding to support the extension, updates links, and adds definitions and a Legend for Transportation Service Codes.

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.

The Department is using the current 8 Providers because they have been in place for more than 20 years, and have the knowledge and infrastructure required to meet the transportation needs of OCFS’s Child Welfare and Low-Income clients. Having new agencies provide the service would require significant start-up costs to purchase transportation vehicles, hire agency drivers/recruit volunteers, and purchase software to manage routes and schedules.

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

The rates for these services were increased by 20% in SFY23 based on the flat rates for each Provider over the past several years. The rate for State mileage reimbursement increased to \$0.56 per mile effective 11/01/2025.

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

The Department awarded a contract as the result of RFP# 202003059, Evaluation of the Department of Health and Human Services Transportation Programs. The Department has been approved to conduct a contracted review of OCFS’ Transportation Program. The review’s report and recommendations will inform the most effective and cost-efficient method of procuring 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) 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

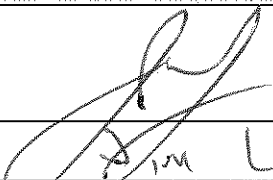
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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):			
Typed Name:	Jim Lopatofsky	Date:	21-Apr-26

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

NOI 0520260310 05/14/2026 - 05/20/2026

Procurement Justification Form (PJF)

DHHS Office: OCFS
Service: TRANSPORTATION MVA CFS-SFY26
 Amendment 4
CTMV 10A 20250721TRANSPORTATI

Vendor Name	Agreement Number	Amend Number	CTP 10A	Start Date	End Date	Amend A Projected	Revised Projected Spend
Western Maine Transportation	CFS-26-4012	C	20250721000CFS264012	10/1/2025	9/30/2027	\$ 12,480.00	\$ 24,960.00
Aroostook Reg Trans Sys	CFS-26-4013	C	20250721000CFS264013	10/1/2025	9/30/2027	\$ 290,688.60	\$ 581,377.00
Kennebec Valley CAP	CFS-26-4014	C	20250721000CFS264014	10/1/2025	9/30/2027	\$ 530,425.20	\$ 1,060,850.00
Penquis CAP	CFS-26-4015	C	20250721000CFS264015	10/1/2025	9/30/2027	\$ 562,358.16	\$ 1,124,716.00
Regional Transportation Prog	CFS-26-4016	C	20250721000CFS264016	10/1/2025	9/30/2027	\$ 647,121.00	\$ 1,294,242.00
Waldo CAP	CFS-26-4017	C	20250721000CFS264017	10/1/2025	9/30/2027	\$ 180,241.80	\$ 360,484.00
York Cty CAC	CFS-26-4019	C	20250721000CFS264019	10/1/2025	9/30/2027	\$ 214,642.80	\$ 429,286.00
Ridesource	CFS-26-4021	C	20250721000CFS264021	10/1/2025	9/30/2027	\$ 1,135,897.20	\$ 2,271,795.00
Total Items amended	8					\$ 3,573,855	\$7,147,710.00