



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 / OBH / Taylor LaCroix	
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Nicole Mitchell	
(If applicable) Department Reference #:		MH1-26-112A	
Agency Department Code:	10A	Advantage CT / RQS #:	CT-202512190000MH126112
Amount: (Contract/Amendment/Grant)		Amend A: \$410,000.00 Revised: \$6,246,687.00	
CONTRACT	Proposed/Original Start Date:	12/1/2025	Proposed/Most Recent End Date: 7/31/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Preble Street Portland, ME	
Brief Description of Goods/Services/Grant:		Permanent Supported Housing Program (PSHP)	

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 type="checkbox"/>	J. Willing and Qualified
<input checked="" 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 Permanent Supportive Housing Program is a federally-funded, rental assistance program governed under 24 C.F.R. Part 582 and 24 C.F.R. Part 578 respectively through the U.S. Department of Housing and Urban Development (HUD). This Permanent Supported Housing Program (PSHP) provides long term rental assistance and supportive services to households with at least one member with a disability in achieving housing stability.

This Amendment adds available funding for Rental Assistance.

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

The Provider was selected for this contract through emergency procurement sole sourcing due to their long history as an established homeless services provider administering federal HUD grants. The Provider has an existing financial infrastructure to support a program administration of a federal grant this size.

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

Housing Assistance Payments (HAP) are established by HUD's Fair Market Rent (FMR) and Rent Reasonableness for that particular area. The administrative rate was negotiated with the Department and through a cost settled budget for actual costs related to program administrative activities.

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

This service contract is an emergency procurement, due to award provider request to terminate. Service is on the competitive RFP schedule for an 8/1/2027 award date.

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

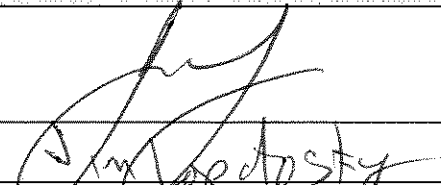
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

- 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.

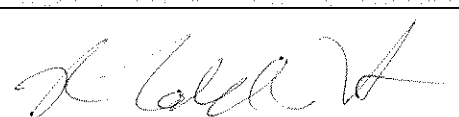
PART VI: APPROVALS

Governor/Department Commissioner or Designee

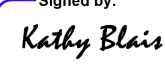
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Todd Haber	Date:	13-May-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:	Todd Haber, Acting Deputy Commissioner of Finance	Date:	5/13/2026

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: 		
Typed Name:	Kathy Blais	Date:	5/26/2026