



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	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Stephanie Wood	
(If applicable) Department Reference #:		OSA-26-600	
Agency Department Code:	10A	Advantage CT / RQS #:	202504180000OSA26600
Amount: (Contract/Amendment/Grant)		Amend: \$15,000.00 Total \$615,000.00	
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 6/30/2027
AMENDMENT	New Effective Date:	1/1/2026	New End Date (if Applicable): N/A
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		PineTree Institute Eliot, Maine	
Brief Description of Goods/Services/Grant:		Recovery Friendly Workplace (RFW)	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☒	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice

☐	F. Higher Education Cooperative Project	☐	L. Other Authorization
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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 amendment is to add \$15,000.00 to the year 1 budget to purchase 100 ONEbox naloxone boxes, which include a video screen with step-by-step instruction for overdose response and the administration of intranasal naloxone. The provider will distribute these boxes, with two (2) doses of intranasal naloxone, to business designated as Recovery. The Provider shall encourage healthy and safe environments where Employers, employees, and communities can collaborate to create positive change and eliminate barriers to employment for those individuals impacted by addiction. RFW shall ensure all Employers have access to training, technical assistance, and Recovery Support resources necessary to support individuals with an SUD who are in Recovery and are seeking employment or who are currently employed.
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.	Competitive procurement process RFP 202303067 yielded no Bidders. However, this Provider did submit a proposal that did not meet the proposal submission deadline. Being the sole entity expressing interest, the Department negotiated service and financial responsibility through the contracting process. The current provider has exceeded performance expectations, enrolling 68 businesses across all 16 Maine Counties, accounting for more than 10,000 employees in diverse industry sectors.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Being that the vendor submitted a proposal as part of the competitive procurement process, the Department used the budget form submitted as part of the RFP process to establish anticipated costs for the delivery of the services requested. The provider will not receive an increase in funding for this new agreement period and has not received an increase since fiscal year 2024. Cost for this service are in line with other training, coordination, and technical assistance services of this scope, and in line with other state-wide Recovery Friendly Workplace programs regionally. Costs for the ONEbox product are comparable to other naloxone storage devices that do not include video instructions.

PART III: SUPPLEMENTAL INFORMATION**4. Describe the plan for future competition for the goods or services.**

The Department will engage in a competitive procurement process following this renewal for a 7/1/2027 contract start date (OBH20249). The current provider has delivered exceptional services, including a commitment from the State of Maine to become designated as a Recovery Friendly Workplace, signed by Shiva Darbandi on behalf of the State.

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:

Date:

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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:	Signed by: <i>Kathy Blais</i> 41C2BA36EAE44CD		
Typed Name:	kathy Blais	Date:	5/26/2026