



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/OBH/Brianne Masselli			
Department Contract Administrator or Grant Coordinator:	Brianne Carrero / Storm Dexter			
(If applicable) Department Reference #:	MHC-26-700B			
Agency Department Code:	10A	Advantage CT / RQS #:	CT-10A-202504100000MHC26700	
Amount: (Contract/Amendment/Grant)	Add \$ 202,906 New: \$ 4,637,309			
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date:	6/30/2026
AMENDMENT	New Effective Date:	11/4/2025	New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	The Opportunity Alliance South Portland, ME			
Brief Description of Goods/Services/Grant:	Crisis Stabilization- MCL			

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

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 988LC Part II funds.

The Statewide Crisis Hotlines (Maine Crisis Line and Maine 988) serve as the gateway to Maine's behavioral health crisis system. Providing confidential behavioral health support via call, text and chat, the Statewide Crisis Hotlines are available to all Mainers 24/7/365.

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 Opportunity Alliance is the only Provider in Maine that currently holds a Vibrant Network Agreement, as required by the Federal Grant funding this service. They are the only Maine-based contact center that has maintained compliance with current 988 Network standards, including being certified by the industry leader, the American Association of Suicidology.

The Opportunity Alliance has over 60 years experience as a results-driven Community Action Agency. Serving over 24,000 people annually through its community service programs and answering an additional 200,000+ calls to the Maine Crisis Line/988 and 211 Maine. The Provider has been administering the statewide crisis hotline since inception in 2018, and has the experience and historical knowledge to best support the needs of this dynamic program.

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

Costs are determined on a budget basis using staffing calculators to ensure both service availability and compliance with Federal service standards.

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

This service is sole sourced to the only Provider in Maine that currently holds a Vibrant Network Agreement, as required by the Federal Grant funding this service. This procurement method will be reviewed at each contract renewal.

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

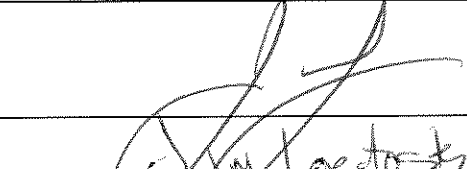
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

- ☒ 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:	<i>John L. Laroche</i>	Date:	<i>9-Apr-26</i>

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: 		
Typed Name:	41C2BA36FAF44CD... kathy blais	Date:	5/28/2026