



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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 Michael Freysinger Kristen King		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:	OSA-26-600		
Amount: (Contract/Amendment/Grant)	\$600,000.00	Advantage CT / RQS #:	CT 10A 202504180000OSA26600
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2027
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
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.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input 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. University 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.	<p>The purpose of this Agreement is to provide Recovery Friendly Workplace (RFW) programming.</p> <p>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.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>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.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>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.</p>
4. Describe the plan for future competition for the goods or services.	<p>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.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

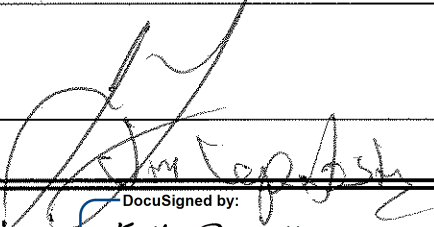
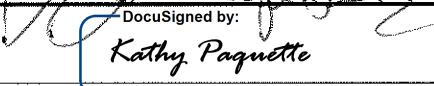
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	20-Aug-25
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette		
Typed Name:	kathy Paquette	Date:	6/5/2025