



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/Office of MaineCare Services	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Storm Dexter	
(If applicable) Department Reference #:		OMS-25-210	
Amount: (Contract/Amendment/Grant)		\$ 9,000	Advantage CT / RQS #: CT-10A-202505020000OMS25210
CONTRACT	Proposed Start Date:	6/1/2025	Proposed End Date: 5/31/2026
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:		Wabanaki Health & Wellness Inc. Bangor, ME	
Brief Description of Goods/Services/Grant:		Consulting on Tribal Issues	

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.

The purpose of this agreement is to help the Department build relationships with each of Maine's federally recognized Tribes in order to meaningfully engage and align priorities as is required by many of the federal programs operated by the Department, as well as to ensure the Department is operating in an inclusive manner.

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

Wabanaki Health and Wellness is the tribal health district for the 4 federally recognized Tribes that live in 5 communities in Maine, and it works closely with each of the Tribes to advance shared priorities. Through this work it has become a trusted resource of the Tribes, which will assist the Department in developing and strengthening relationships with each Tribe to address health disparities and improve overall health outcomes for Tribal members in Maine through aligned initiatives.

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

The negotiated budget reflects the rates for the Tribal staff under this agreement.

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

The Department does not plan to continue these services beyond the contract period.

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) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

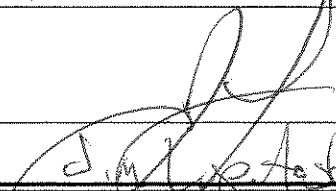


PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 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:	12-11-25
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> <i>Kathy Paquette</i> <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	6/9/2025