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 Richard Freund || Eliza Fielding			
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Storm Dexter			
(If applicable) Department Reference #:	OSA-26-723			
Amount: (Contract/Amendment/Grant)	$110,833.00	Advantage CT / RQS #:	CT-10A-202505010000OSA26723	
CONTRACT	Proposed Start Date:	**7/1/2025**	Proposed End Date:	**6/30/2026**
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:	Spurwink Services Portland, ME			
Brief Description of Goods/Services/Grant:	CommUNITY Health Worker			

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. University 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 Somali community in greater Androscoggin County experience barriers to SUD treatment, including, but not limited to, differences in language, preferences with culture, religion, and knowledge about SUD, recovery and other services. This service will provide funding for one FTE who shall be responsible for educating, training and connecting individuals to services and/or resources. This service supports the Governor's Opioid Response plan strategy #16- to increase public awareness of overdose prevention and the use of naloxone, and strategy #17- increase awareness, understanding, and utilization of harm reduction strategies and resources. This service is essential to address the increase in overdoses occurring in this Somali community.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
The Vendor will conduct a Systems Improvement and Innovation Responsive planning grant in partnership with New Mainers Public Health Initiative and Maine Immigration Refugee Services to develop a pathway to responsive, culturally competent substance use treatment and recovery in Lewiston. This service will help build equitable systems, encourage civic participation, and build community wellness and resiliency for this minority population. This provider, along with their unique partnerships, put forth strategies to reduce these identified barriers by hiring a Community Health Worker to carry out these functions.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
This work is being funded by a grant from the Maine Health Access Foundation (MEHAF) and a negotiated Department contract. This service has been approved in the Prevention and Treatment fund spending plan.
4. Describe the plan for future competition for the goods or services.
This unique service will be piloted through 6/30/25. The Office will make a determination regarding future procurement.

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:	29 - May - 25
Signature of DAFS Procurement Official:	DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	6/20/2025