



## 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:<br>(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<br>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.)

|                                     |                                   |                          |                                  |
|-------------------------------------|-----------------------------------|--------------------------|----------------------------------|
| <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 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.

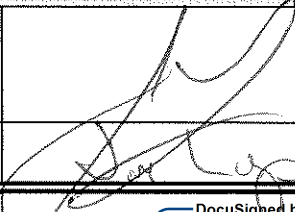
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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<br>Department's Commissioner<br>(or designee): |                                                                             |       |               |
| Typed Name:                                                            |                                                                                                                                                              | Date: | 29 - May - 25 |
| Signature of DAFS<br>Procurement Official:                             | <br><small>DocuSigned by:<br/>Kathy Paquette<br/>41C2BA36FAF44CD...</small> |       |               |
| Typed Name:                                                            | Kathy Paquette                                                                                                                                               | Date: | 6/20/2025     |