



### 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 Kelly Staples    Eliza Fielding		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Storm Dexter		
(If applicable) Department Reference #:		MH3-26-637		
Amount: (Contract/Amendment/Grant)	\$ 400,000.00	Advantage CT / RQS #:	CT-10A-202505120000MH326637	
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:		Wabanaki Public Health & Wellness Bangor, Maine		
Brief Description of Goods/Services/Grant:		Mental Health Support Centers		

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 provide and manage a peer recovery center. The Provider shall be inclusive of a welcoming philosophy and environment that supports participants in being active in their recovery. Services shall be provided only to adults with serious mental illness (SMI) and/or co-occurring disorders.

The Provider shall provide peer support through structured group support and through meaningful activities, as well as through provision of educational activities focused on goal planning, self-management and problem-solving skills, and vocational preparedness. The Provider shall develop relationships with local community mental health, substance abuse, and community service agencies and shall assist with successful linkages.

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

This provider is unique for their population and geographic regions, because they are the only Indigenous Organization in Maine that can provide this service.

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

Cost reflects similar cost to other mental health peer run recovery centers. Costs are also reflective of traditionally efficient funding for this long-standing service group. Costs include funding for the following: salaries, subcontractors/ consultants, fringe benefits, travel expenses, supplies, admin expenses and trainings.

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

The Department intends to RFP this service for 7/1/2030.

### 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).

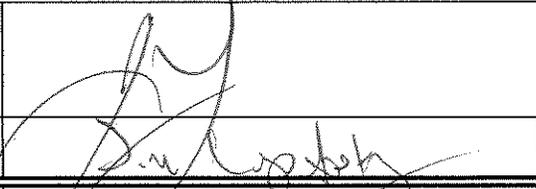
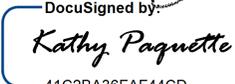
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	18-Jun-25
Signature of DAFS Procurement Official:	 41C2BA38FAF44CD		
Typed Name:	Kathy Paquette	Date:	6/24/2025