DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over $10,000 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/Taylor LaCroix				
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Lyndsay Frank				
(If applicable) Department Reference #:	Multiple, see list below				
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple, see list below		
Amount: (Contract/Amendment/Grant)	$3,457,601.50				
CONTRACT	Proposed/Original Start Date:	**7/1/2026**	Proposed/Most Recent End Date:	12/31/2027	
AMENDMENT	New Effective Date:		New End Date (if Applicable):		
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:	Multiple, see list below				
Brief Description of Goods/Services/Grant:	Projects for Assistance in Transition from Homelessness (PATH)				

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. Higher Education 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 PATH service provides outreach, engagement and connection to mainstream services for homeless individuals with serious mental illness (SMI) or co-occurring SMI and Substance Use Disorders (SUD). This service provides the staffing to go out and find people living outside, and who are disconnected from Mainstream services such as case management. The PATH Navigators engage with individuals and get them connected to service, housing referrals, financial and medical resources.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The Department published the RFP for PATH in 2019, a decision was made to cancel the RFP and split the award among three (3) providers, since no single provider had capacity to serve the entire State. Only one community service provider submitted a notice of intent to bid for each region. OBH was conditionally approved to move forward with a time-limited sole source procurement method as of August 12th, 2022. This is the final period of the sole source procurement.

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

PATH is funded through a federal grant that requires a match by the Grantee. Each provider covers a region of the State and submits a budget, and staffing plan that will be reviewed and approved by OBH. This funding is expected to cover more than 20 FTEs who provide Statewide outreach to persons experiencing homelessness.

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

The Department intends to competitively procure for this service with an anticipated new contract start date of 1/1/28.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their

knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS			
Governor/Department Commissioner or Designee			
1. The signature below indicates approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Tim Lopatosky	Date:	4 - May - 26
2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: David Morris 2A644AF5681F482...		
Typed Name:	David Morris	Date:	5/19/2026

DHHS Office: OBH

Service: PATH- SFY27

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
Kennebec Behavioral Health	MH4-27-1013	20260416000MH4271013	7/1/2026	12/31/2027	$1,163,453.00
The Opportunity Alliance	MH4-27-1014	20260416000MH4271014	7/1/2026	12/31/2027	$1,192,159.50
Community Health & Counseling	MH4-27-1015	20260416000MH4271015	7/1/2026	12/31/2027	$1,101,989.00
Total Items	3			**Totals**	$3,457,601.50