



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/Lionel Booth/Lionel Booth		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple, see attached		
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple, see attached	
Amount: (Contract/Amendment/Grant)		\$687,905.00		
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date:	6/30/2027
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 attached		
Brief Description of Goods/Services/Grant:		WRAP SFY27		

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.

OBH is responsible for services and unmet needs for persons with serious and persistent mental health disorders. These individuals are often low income, and at times because of their poverty or in part because of their disorder have individual emergent/ unmet needs that cannot be met by other resources. WRAP funds assist in meeting basic emergent/unmet needs and the organization that manages those funds. The Providers are required to assemble Wrap committee that includes an individual with experiential knowledge to meet on a weekly basis to review applications, to ensure that Wrap applicants must be Section 17 eligible in order to qualify for Wrap funding, to ensure the Wrap applications are complete and accurate, and provide a 5 day turnaround from application submission to approval /denial of Wrap funding with written notice to the applicant.

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.

DHHS, Office of Behavioral Health services has determined that this provider is willing and qualified to provide these WRAP services. Willing and qualified Providers are licensed with the Division of Licensing and Regulatory Services and have a contract with the Department to provide these services.

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

The allocation for each agency is based on regional need, the historical allotment and resulting utilization for the area plus an administrative fee which is calculated as 30% of the total program expense for all Providers of the service.

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

The Department does not intend to competitively procure this service. Any willing and qualified provider can submit a proposal for consideration by OBH to provide this service.

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

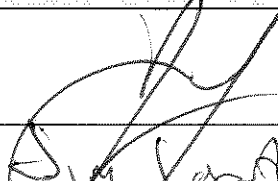
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ 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

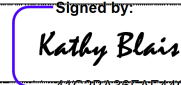
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	29-May-22

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:	Signed by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Blais	Date:	6/4/2026

DHHS Office: OBH
Service: WRAP- SFY27

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
The Opportunity Alliance	MH1-27-4005	20260519000MH1274005	7/1/2026	6/30/2027	\$240,000.00
MaineHealth dba MBH	MH2-27-4003	20260519000MH2274003	7/1/2026	6/30/2027	\$60,000.00
Anglez Behavioral Health Svcs	MH2-27-4012	20260519000MH2274012	7/1/2026	6/30/2027	\$72,240.00
Aroostook Mental Hlth Serv	MH3-27-4001	20260519000MH3274001	7/1/2026	6/30/2027	\$98,989.00
Community Health & Counseling	MH3-27-4002	20260519000MH3274002	7/1/2026	6/30/2027	\$216,676.00
Total Items	5	Totals			\$687,905.00