



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 Leticia Huttman Eliza Fielding	
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Stephanie Wood	
(If applicable) Department Reference #:		OSA-25-428C	
Agency Department Code:	10A	Advantage CT / RQS #:	20240401000000002690
Amount: (Contract/Amendment/Grant)		Amend C: \$779,234.00 Revised Total: \$2,733,495.00	
CONTRACT	Proposed/Original Start Date:	7/1/2024	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:	7/1/2026	New End Date (if Applicable): 12/31/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Adcare Educational Institute of Maine Augusta, Maine	
Brief Description of Goods/Services/Grant:		Workforce Development Services	

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 (RFP Extended)

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 amendment is two-fold: to extend the agreement while the RFP remains in process and to add \$300,000 in time limited carryover funds for on-demand training videos related to a Governor's initiative. The funding comes from the federal State Opioid Response grant and has been approved for use by SAMHSA for this purpose.

The services under this agreement provide workforce development for substance abuse and mental health services, intervention, treatment, and recovery providers to maintain a well-trained and credentialed professional and paraprofessional workforce. This agreement covers the administration, training, and technical assistance for four (4) mental health certification programs: MHRT-1, MHRT/C, MHRT/CSP, and CIPSS.

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 Provider was awarded previous contracts as a result RFP #201301460 which expired in 2022.

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

The funding for the various elements in the table of expenses has been thoroughly vetted through the vendor, OBH program manager and the two sub-recipients and reflects a small increase over the previous year. Workforce shortages in Maine necessitate this increase in resources to address this need.

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

The Department has initiated two (2) RFPs (OBH202521 and OBH202522) with an anticipated contract start date of 1/1/2027.

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

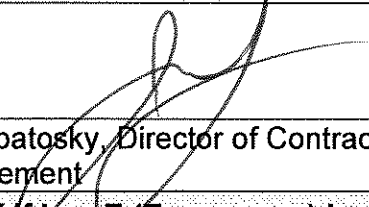
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

☒ 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:	Jim Lopatosky, Director of Contract Management	Date:	2-Jun-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:	Signed by:  41C2BA36FAF44CD...		
Typed Name:	kathy blais	Date:	6/17/2026