



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/Michael LaBua			
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 #:	CTMV 20260528RENTALSUBSID	
Amount: (Contract/Amendment/Grant)	\$748,011.75			
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:	Rental Subsidies			

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.

According to the Nation Low Income Housing Coalition, In Maine 113% of a person's Social Security Income standard monthly payment is needed to pay for the average one-bedroom apartment. Rental assistance is designed to assist individuals with severe and persistent mental illness with their housing costs in permanent or transitional housing settings in the community.

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 Office of Behavioral Health has determined that these providers are willing and qualified to provide this service. The providers have a long-standing history and ability to relate and maintain relations with the target group to be served. The Department partnered with the providers to provide this subsidy and to utilize funds in units specifically with the MaineCare Benefits Manual Section 17 eligible tenants in buildings funded, in part, by Maine State Housing Authority (MSHA). The provider owns or has contracted use of the facilities/buildings subsidized by these funds.

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

Fair and reasonable costs are determined by the US Department of Housing and Urban Development's (HUD) Fair Market Rents(FMR) or determined as rent reasonable as it is outlined in the contract. These are revised annually in October and are adhered to by the Rental Assistance programs administered by OBH.

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

The Department does not intend to competitively procure this service as it is a willing and qualified.

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:

15-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:

Kathy Blais

41C2BA36FAF44CD...

Typed Name:

kathy blais

Date:

6/22/2026

Procurement Justification Form (PJF)

DHHS Office: OBH
 Service: Rental Subsidies- SFY27
 CTMV 10A 20260528RENTALSUBSID

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
Shalom House	MH1-27-206	202606020000MH127206	7/1/2026	12/31/2027	\$171,180.00
Kennebec Behavioral Health	MH2-27-2011	202606020000MH2272011	7/1/2026	12/31/2027	\$123,300.00
Sweetser	MH2-27-223	202606020000MH227223	7/1/2026	12/31/2027	\$103,320.00
Community Housing of Maine Inc	MH2-27-515	202606020000MH227515	7/1/2026	12/31/2027	\$55,800.00
Community Concepts Development Corp	MH2-27-531	202606020000MH227531	7/1/2026	12/31/2027	\$81,000.00
Aroostook Mental Hlth Serv	MH3-27-300	202606020000MH327300	7/1/2026	12/31/2027	\$116,190.00
Maine Mental Health Connections	MH3-27-304	202606020000MH327304	7/1/2026	12/31/2027	\$97,200.00
Total Items	7			Total Projected	\$747,990.00