



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/OADS/APS/Benjamin Bergeron		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Stephanie Wood		
(If applicable) Department Reference #:		ADS-27-4220		
Agency Department Code:	10A	Advantage CT / RQS #:	20260506000ADS274220	
Amount: (Contract/Amendment/Grant)		\$325,888.00		
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date:	6/30/2028
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:		SRA Healthcare, LLC DBA Elm Street Assisted Living Topsham, ME		
Brief Description of Goods/Services/Grant:		Residential 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

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 for the Department to provide financial reimbursement to Elm Street Assisted Living in Topsham, Maine, for additional support not covered by MaineCare for an individual who is currently subject to State of Maine Public Guardianship with OADS' Adult Protective Services (APS), and who currently needs an increased level of care. The Residential Care Facility level of care for this member will be billed to MaineCare.

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.

Elm Street Assisted Living in Topsham, Maine, is a Residential Care Facility that provides specialized assisted living services. It has been the only facility so far to accept this individual for admission. Elm Street Assisted Living is a non-institutional, secure home that is subject to the Department's Licensing Regulations, 10-149 Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs.

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

The rates for staff and benefits are considered fair and reasonable for this type of service.

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

There are very few facilities that are willing to provide this additional service therefore, the Department does not anticipate issuing an RFP for this service. The Department will seek to renew this contract annually, as needed.

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](#).

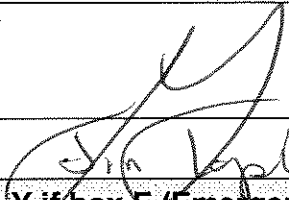
☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

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PART VI: APPROVALS

Governor/Department Commissioner or Designee

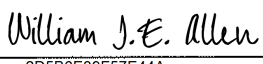
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	8 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: 		
Typed Name:	William J.E. Allen	Date:	6/23/2026

NOI 0620260460 06/23/2026 - 06/29/2026