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/Disability Services/Derek Fales				
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Stephanie Wood				
(If applicable) Department Reference #:	ADS-26-3704 A				
Agency Department Code:	CT-A	Advantage CT / RQS #:	20251112000ADS263704		
Amount: (Contract/Amendment/Grant)	Amend: $130,000.00 Revised: $195,000.00				
CONTRACT	Proposed/Original Start Date:	**12/18/2025**	Proposed/Most Recent End Date:	**6/30/2026**	
AMENDMENT	New Effective Date:	**7/1/2026**	New End Date (if Applicable):	**6/30/2027**	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:	Maine Association of the Deaf, Inc. Yarmouth, Maine				
Brief Description of Goods/Services/Grant:	Administration and Support for Deaf 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.

This amendment is to extend the contract for an additional year to allow the Provider more time to secure other funding sources for these services.

This contract and its services are a vital component of the behavioral health response to support Lewiston in the aftermath of the shooting in October 2023 in which four of those individuals who died were members of Maine's Deaf Community. In particular, Maine DHHS provided – and plans to continue to provide – leadership to the behavioral health response critical in the aftermath of mass violence. After a tragedy of this nature and scope, a comprehensive approach must be taken to help the community and individuals recover.

This contract bolsters support and services for the Deaf and hard of hearing community, a group unduly impacted by the shooting. In the hours and days after the event, there were multiple communication challenges that resulted in members of the Deaf community being unaware of the situation unfolding in real time, as well as members experiencing barriers to connecting with family within the healthcare system; further, there are educational efforts needed to ensure that the first responder and healthcare provider systems are better prepared to provide support and care to Deaf individuals.

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 Maine Association for the Deaf (MeAD) is the statewide entity that promotes the social, recreational, educational, civic, and economic welfare of all deaf citizens in Maine. In the days and weeks after the tragedy, representatives from within Maine DHHS have worked with leaders from the Deaf community to determine the appropriate entity to undertake the scope of work outlined in this contract. The decision to contract with MeAD was determined based on the efforts the organization undertook in the hours after the shooting, including establishing a website that centralized critical information as well as interpreting resources. MeAD is a respected member lead organization within the Deaf community and is a natural pick for an organization to take on the work outlined in this contract.

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

Many portions of this contract are considered proximate costs which are comparable across other similar contracts and services. Funding specific to interpretation and CART services are based on standard SOM master agreements.

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

This extension is being put in place to allow the Provider more time to secure other funding sources. As a sole source provider the Department does not intend to RFP these services.

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:	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: William J.E. Allen 2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	6/23/2026

NOI 0620260461 06/23/2026 - 6/29/2026