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/Richard Freund			
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Stephanie Wood			
(If applicable) Department Reference #:	OSA-26-3022			
Agency Department Code:	10A	Advantage CT / RQS #:	20260413000OSA263022	
Amount: (Contract/Amendment/Grant)	Amend A: $67,230.34 Revised: $402,774.34			
CONTRACT	Proposed/Original Start Date:	**4/1/2026**	Proposed/Most Recent End Date:	**9/29/2026**
AMENDMENT	New Effective Date:	**4/1/2026**	New End Date (if Applicable):	**N/A**
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Venous Technologies Inc. Los Angeles, CA			
Brief Description of Goods/Services/Grant:	Hygiene Kits and Wound Kits to distribute to SUD Outreach/Housing security programs, OPTIONS Liaisons, and Recovery Residences and Mental Health Agencies.			

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 amendment is to include additional kits for Maine CDC.

The purpose of this Agreement is to purchase Hygiene Care Kits and Wound Care Kits

Maine's Office of Behavioral Health and Centers for Disease Control and Prevention intend to use SORP funding to support purchasing hygiene kits to be distributed to people with problematic substance use patterns. Kits will include hand sanitizer, soap, and other basic hygiene supplies to ensure good public health. These kits are expected to be distributed through street outreach, post-overdose clinical responders (OPTIONS Liaisons), housing support programs, and other service sites that have frequent contact with the SUD population.

The primary goal of the Wound Care Kit purchase is to increase public health in the population of individuals struggling with substance misuse; with the secondary goals of connecting individuals with substance use disorder to treatment, and recovery resources; and reducing stigma via the OPTIONS Liaisons. The OPTIONS Campaign aims to engage individuals in our communities who may be at risk of overdose in a meaningful and practical manner. Maine's Office of Behavioral Health and Centers for Disease Control and Prevention intend to use SOR4 carry-over funding to support purchasing Wound Care Kits to be distributed to people with problematic substance use patterns. Kits will include surgical gloves, sterile saline, antibiotic ointment, Benzalkonium Chloride Towelettes, sterile gauze pads, sterile bandages, sterile skin closure strips, and sheets of herbal wound healing salve. These items will be contained and distributed in a zippered pouch that will have half of the pouches imprinted with the OPTIONS logo and half with no imprint. These kits are expected to be distributed through street outreach, post-overdose clinical responders (OPTIONS Liaisons), housing support programs, specialized secondary prevention service programs (SSPs) and other service sites that have frequent contact with the SUD population.

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.

OBH had a similar contract with this vendor for COVID testing kits during the PHE, and for wound care and hygiene kits in 2025. They were recommended by the Maine CDC and are on the State Approved Vendors List. This vendor has a track record of quality and on time delivery. The current funding, based on grant requirements, is time sensitive, not allowing for new sourcing search. Also, the current pricing structure would increase if there is significant administrative delay

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

This is one time funding available through SOR grants for Hygiene Kits and Wound care Kits

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

The recommendation for utilizing SORP funds was made in collaboration with the OBH SUD Division Manager/SOTA and the SOR Project Director.

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:	17-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 0620260463 06/23/2026 - 06/29/2026