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/OCFS/Child Welfare Services/Lisa Aguirre			
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Nicole Mitchell			
(If applicable) Department Reference #:	CFS-27-6030			
Agency Department Code:	10A	Advantage CT / RQS #:	CT-20260424000CFS276030	
Amount: (Contract/Amendment/Grant)	$ 93,626.00			
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:	University of Maine System dba University of Southern Maine – Portland, Maine			
Brief Description of Goods/Services/Grant:	Tribal Consultation and Training			

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.

OCFS must collaborate with tribal child welfare in order to meet the legal standards and requirements of the federal Indian Child Welfare Act (ICWA). State and Tribal child welfare have been partnering to ensure OCFS staff are carrying out their legal mandate regarding ICWA since 1999. USM was the facilitator when this work began and remains in the role, maintaining the trust of tribal child welfare. In addition to this history, USM has a trusted relationship with tribal child welfare as they were a partner in the development of the Tribal-State Truth and Reconciliation Commission. It is important that this relationship be maintained for the ICWA Workgroup. In addition, USM is a partner in the National Child Welfare Capacity Building Center for Tribes, funded by The Children's Bureau within the U.S. Department of Health and Human Services. This connection ensures that the ICWA Workgroup is aware of national trends and practice changes.

The purpose of this Agreement is to provide administrative support to facilitate the ICWA (Indian Child Welfare Act) Workgroup and trainings regarding ICWA to OCFS staff and stakeholders as identified. The primary goals of this service are:

1) Convene, facilitate, staff and attend meeting of the ICWA Workgroup;
2) Outreach to Tribal Child Welfare Agencies regarding the ICWA Workgroup;
3) Partner with OCFS to co-train "ICWA: Working with Native American Tribal Child Welfare" for OCFS staff and identified stakeholders;
4) Convene, advertise, coordinate with Tribal governments, Tribal Child Welfare Agencies, OCFS, and the Office of the Attorney General to deliver Qualified Expert Witness training to Tribal communities and identified stakeholders; and
5) Develop/coordinate projects identified by the ICWA Workgroup to increase knowledge of ICWA to OCFS staff working with Tribal Child Welfare and Native American families.

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.

No other agency coordinates, organizes, or facilitates contractual relationships with the Tribal child welfare entities, except for the USM. This Provider has expert knowledge and experience of the: Indian Child Welfare Act; History of Native American treatment, child removal, and historical trauma; Tribal communities located in Maine; Role of the Qualified Expert Witness in ICWA cases; and Knowledge of the Truth and Reconciliation Commission that was conducted in Maine regarding Native experiences under the State child welfare system.

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

The Department has determined that these services should be separate from the Youth Leadership and Development Services contract. OCFS has reviewed the rates, and determined to be fair and reasonable.

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

The Department does not intend to RFP this service in the future.

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 0620260466 6/23/2026 - 6/29/2026