



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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 Riverview Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger / Melinda Farrell		
(If applicable) Department Reference #:		RPC-26-021		
Amount: (Contract/Amendment/Grant)		\$24,000.00	Advantage CT / RQS #:	CT 10A 202503170000RPC26021
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date:	6/30/2026
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Whispering Woods Stables Augusta, ME		
Brief Description of Goods/Services/Grant:		Equine Assisted Psychotherapy		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	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 Contract is to provide RPC clients with equine assisted activities and therapy, instructed by licensed and certified instructors in the education, mental health and equine fields.

The Provider shall provide equine assisted psychotherapy incorporating a team of a licensed mental health professional, a qualified equine specialist, and a highly trusted equine in a hands-on experiential process. Each session incorporates horses to effectively address participants individual treatment plans and identified learning goals.

The equine professional works with educators, therapists, case workers, family members, and other professionals involved in each participants treatment plan. The work primarily focuses on developing personal growth and the development of life skills through equine interactions.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

RPC has previously used Whispering Woods services. Whispering Woods is the only known program in the state that offers equine assisted activities and therapy, instructed by licensed and certified instructors in education, mental health, and equine fields.

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

Whispering Woods standard published rate is \$720/week, however it extends a discount of 20% to RPC resulting in a weekly cost of \$600.00. The value of this contract has been calculated based upon 40 weeks at \$600 per week.

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

As stated, there are no other known comparable programs in the state with Whispering Woods professional qualifications and licensed / certified staff. The Department does not plan to RFP this service.

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) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

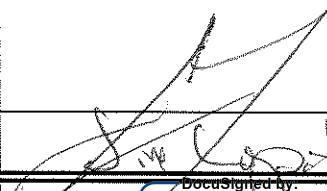

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	29-May-25
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> Kathy Paquette		
Typed Name:	Kathy Paquette	Date:	7/21/2025