



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 \$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/OADS/LTSS/Independent Support Services	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Storm Dexter	
(If applicable) Department Reference #:		ADS-26-9151	
Amount: (Contract/Amendment/Grant)	\$ 3,619,978.00	Advantage CT / RQS #:	CT-10A-20250328000ADS269151
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:		Catholic Charities Maine Portland, ME	
Brief Description of Goods/Services/Grant:		Independent Support Services	

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 – RFP Extended

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 Department is responsible for the provision of services that promote the highest level of independence, health and safety of older citizens, vulnerable adults and adults with disabilities. Pursuant to [22 M.R.S.A., Subtitle 5](#), the Department is required to manage several long-term services and supports that assist older adults and adults with disabilities to remain as independent as possible in their homes and communities. Independent Support Services (ISS), also referred to as the “Homemaker” program, are a core function of the long-term care services and supports delivery system.

Independent Support Services are provided in accordance with the requirements established by [10-149, Ch. 5, Section 69](#) of the Department’s Office of Aging and Disability Services Policy Manual.

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

Through RFP 201909167, this contract was awarded to the only community service provider to submit a Notice of Intent. The competitive procurement period ended 6/30/2024.

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

As part of the RFP scoring process, there was a comparison of the costs and rates to ensure that the negotiated rates are fair and reasonable.

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

Due to restructuring of the service delivery, the Department intends to conduct a new RFP process for the ISS services anticipating a contract start date of 7/1/2026.

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.

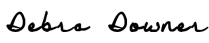

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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):	DocuSigned by:  5DC6307B8558482...		
Typed Name:	Debra Downer	Date:	Apr-10-2025
Signature of DAFS Procurement Official:	DocuSigned by:  2A644AF5681F482...		
Typed Name:	David Morris	Date:	7/28/2025

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