



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 Michael Freysinger Eliza Fielding		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Nicole Mitchell		
(If applicable) Department Reference #:		OSA-26-810		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 202507150000OSA26810	
Amount: (Contract/Amendment/Grant		\$596,122.00		
CONTRACT	Proposed/Original Start Date:	9/1/2025	Proposed/Most Recent End Date:	8/31/2027
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:		Maine Association of Recovery Residences South Portland, ME		
Brief Description of Goods/Services/Grant:		MARR Certification		

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. Higher Education 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 agreement is to increase access to high-quality Recovery Residences for Mainers in Recovery from Substance Use Disorder. This will be accomplished by supporting one new position (for a total of three positions) and operational costs for the Maine Association of Recovery Residences. In addition, this agreement will support a series of trainings for individuals and organizations operating or seeking to operate Recovery Residences throughout the state to promote consistent practices and facilitate provision of high-quality housing. This amendment is also reflective of additional funding appropriated by the 130th Maine Legislature in LD964 (<https://legislature.maine.gov/legis/bills/getPDF.asp?paper=HP0710&item=4&snum=130>)

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

The Maine Association of Recovery Residences is the state affiliate of the National Association for Recovery Residences, which is at this time the pre-eminent authority and most widely recognized national body in this domain (recovery residence certification and quality assurance). Other organizations (e.g. Oxford House) do exist in this market space, however offering very different services which would not be considered competitive, but potentially parallel to those offered by NARR/MARR. Competition within this domain may be made available as other bodies develop standards, policies, and practices to guide and certify recovery residences, and gain support of federal and state government bodies. However, the framework for that currently exists with MARR. At this point in time, The Maine Association of Recovery Residences is the only qualified organization to accomplish the specific need at hand. MARR has the unique connection with the national board in order to appropriately and accurately govern the certification and quality assurance of current and future recovery residences. This is the most widely recognized and distinguished regulatory body for such services.

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

Costs were negotiated between the Department and the provider. Costs are based on three (3) FTEs to include fringe benefits for the duration of two years and are comparable to similar positions within this market. Costs included also reflect travel, supplies, technology, software management, occupancy, contractors, financial management, trainings and applicable trainers for each year of this agreement, all of which were well within what may be considered a normal range, comparable to other Department agreements for similar administrative and training services.

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

MARR is a unique vendor – they are the State affiliate of NARR. The Department does not intend to RFP this service.

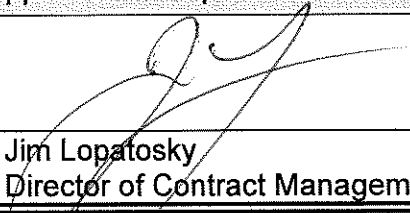
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

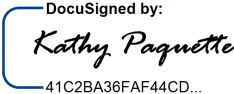
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE
<i>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.</i>
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS			
The signature below indicates approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	18-Jul-25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification			
The signature below indicates approval by the Commissioner or designee of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	7/30/2025