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/OADS/Occupational Therapy (OT)				
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/ Thomas Leet/ Stephanie Wood				
(If applicable) Department Reference #:	ADS-26-9216B				
Agency Department Code:	10A	Advantage CT / RQS #:	20250501000ADS269216		
Amount: (Contract/Amendment/Grant)	Amend B: $16,550.00 Revised Total: $82,750.00				
CONTRACT	Proposed/Original Start Date:	**7/1/2025**	Proposed/Most Recent End Date:	**6/30/2026**	
AMENDMENT	New Effective Date:	**7/1/2026**	New End Date (if Applicable):	**9/30/2026**	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:	Gallant Therapy Services Augusta, Maine				
Brief Description of Goods/Services/Grant:	Occupational Therapy Evaluation/Assessment Services				

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: 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 purpose of this amendment is to extend the Contract end date and add funding to align with RFP schedule.

Pursuant to 34-B M.R.S.A. § 5462, to ensure that persons with intellectual disability (ID) or autism receive needed services, an Occupational Therapy (OT) evaluation of the person's needs must be completed, to the extent possible, for persons found by the Department to have an ID or autism and in need of services.

Adult Protective Services also serves persons who receive services, and an OT evaluation of the person's needs, to the extent possible, may need to be completed.

In some instances, a functional assessment performed by a licensed occupational therapy practitioner is needed to assess cognitive and sensory motor abilities, development of self-care activities and capacity for independence, physical capacity for prevocational and work tasks, play and leisure performance, and appraisal of living areas for the individual. After conducting a functional assessment, the OT practitioner relying on his or her training, education, and experience,can make written recommendations designed to enhance the assessed person’s capacity for independence and overall quality of life.

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.

DHHS, Office of Aging and Disability Services (OADS), has determined that this provider is unique to provide these services because they require specific licensure and registration as an OT practitioner and experience making recommendations to enhance the capacity and independence for adults served by the OADS. This provider has been providing OT services to OADS clients for nine (9) years

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

The rate charged by the Provider is considered fair and reasonable based on comparison with the rates commonly charged by qualified Providers for similar services. The rates are based on region and compared to other OTs in the area.

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

The Department requested a one-year renewal of this contract that started July 1, 2025, to avoid a disruption of services and to allow time for an RFP to issue for services beginning October 1, 2026. The RFP for Occupational Therapy Assessment Services is in process through RFP # 202605087.

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:	Jim Lopatosky, Director of Contract Management	Date:	1-Jul-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: Kathy Blais 41C2BA36FAF44CD...		
Typed Name:	Kathy Blais	Date:	7/9/2026