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 / IHSP			
Department Contract Administrator or Grant Coordinator:	Althea Harris / Nicole Mitchell			
(If applicable) Department Reference #:	ADS-27-XXXX			
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple – See Addendum	
Amount: (Contract/Amendment/Grant)	Multiple – See Addendum			
CONTRACT	Proposed/Original Start Date:	**7/1/2026**	Proposed/Most Recent End Date:	6/30/2027
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:	Multiple – See Addendum			
Brief Description of Goods/Services/Grant:	Independent Housing with Services Program (IHSP)			

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.
The Department administers funds to subsidize an Independent Housing with Services Program (IHSP) at certain sites in compliance with 22 M.R.S.A. 1664 §7852 (6) – Independent Housing with Services Program. An Independent Housing with Services Program (IHSP) site will provide housing and supportive services for three or more consumers. Services provided will help the consumer with the instrumental activities of daily living and allow the consumer to remain as independent as possible. These services will help to delay the need for more costly institutional care. Each Provider shall offer the following services as determined by the consumer's Plan of Care: Service Coordination, Transportation, Meals, Personal Care, Emergency Response, and Homemaking Services per 10-149 C.M.R. ch. 5, § 62.04 (A) and 62.04 (B)(1)-(5).
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.
Each IHSP site serves as a subsidized housing setting where older adults receive coordinated supportive services in accordance with 10-149 C.M.R. ch. 5, § 62.04 (A) and 62.04 (B)(1)–(5), including service coordination, transportation, meals, personal care, emergency response, and homemaking. These sites provide a stable and supportive living environment that is critical to maintaining residents' health, independence, and well-being. Disrupting this arrangement by requiring residents to relocate would interrupt access to essential services and supports, potentially resulting in adverse outcomes. Continuing services within existing IHSP locations ensures continuity of care and preserves the established support systems that residents rely upon.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
The costs in the IHSP program budget submitted by each Provider for contracted services are determined by the Department to be fair and reasonable before it is approved and entered into the Provider's contract.
4. Describe the plan for future competition for the goods or services.
In accordance with 10-149 C.M.R. ch. 5, § 62.09 (A), when funds for new sites or expanded services are available, the Department will use a Request for Proposal process to identify and select additional IHSP providers.

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:	29 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: Kathy Blais 41C2BA36FAF44CD...		
Typed Name:	Kathy Blais	Date:	7/9/2026

DHHS Office: OADS

Service: INDEPENDENT HOUSING WITH SERVICES PROGRAM (IHSP)-SFY27

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
WESTBROOK HOUSING AUTHORITY	ADS-27-2519	20260529000ADS272519	7/1/2026	6/30/2027	$416,311.00
SOUTHERN ME AGENCY ON AGING	ADS-27-2525	20260529000ADS272525	7/1/2026	6/30/2027	$147,423.00
MCH INC	ADS-27-4517	20260529000ADS274517	7/1/2026	6/30/2027	$20,990.00
Acadia Community Association	ADS-27-7515	20260529000ADS277515	7/1/2026	6/30/2027	$46,790.00
AROOSTOOK AGENCY ON AGING	ADS-27-8516	20260529000ADS278516	7/1/2026	6/30/2027	$94,673.00
Total Items	5			**Totals**	$726,187.00