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//OBH Amanda Chamberlain || Eliza Fielding				
Department Contract Administrator or Grant Coordinator:	Jeanne Garza/ Amanda Chamberlain/ Stephanie Wood				
(If applicable) Department Reference #:	CBH-25-316C				
Agency Department Code:	10A	Advantage CT / RQS #:	202406280000CBH25316		
Amount: (Contract/Amendment/Grant)	Amend C: $12,500.00 Revised Total: $162,052.00				
CONTRACT	Proposed/Original Start Date:	**7/1/2024**	Proposed/Most Recent End Date:	**6/30/2026**	
AMENDMENT	New Effective Date:	**7/1/2026**	New End Date (if Applicable):	**12/31/2026**	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:	Day One Windham, Maine				
Brief Description of Goods/Services/Grant:	Youth Outpatient Services for Substance Use Disorder				

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 purpose of this amendment is to add funds, revise rates and extend the agreement to allow for anticipated RFP with expected award of 1/1/2027.

The purpose of this agreement is to support the Provider in the provision of Youth Substance Use Disorder (SUD) outpatient services to Youth up to age twenty-one (21) who are uninsured or underinsured with a SUD diagnosis. SUD outpatient services are a critical component of the system of care, because when outpatient services are delivered at the appropriate time, it can prevent a person's condition from worsening and requiring more intrusive and expensive treatment.

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.

Day One is currently the only provider that specializes in the delivery of Youth Substance Use Disorder (SUD) treatment in the State of Maine. They have extensive experience in providing this service and are positioned to continue providing these services without interruption.

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

The Provider previously submitted a budget for review by the Department. The Department reviewed the budget and deemed the amount fair and reasonable. This amount is consistent with what the Provider received in the prior SFY for youth services and, as agreed upon between the Department and Provider, will remain the same for the duration of the contract.

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

The Department intends to competitively procure this service with an anticipated agreement start date of 1/1/2027.

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:	22 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:	7/27/2026