



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/OBH/Nicholas Farrand (PM) / Kristen King (PA)	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Storm Dexter	
(If applicable) Department Reference #:		MHC-26-700	
Amount: (Contract/Amendment/Grant)	\$ 2,859,280.00	Advantage CT / RQS #:	CT 10A 202504100000MHC26700
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:		The Opportunity Alliance South Portland, ME	
Brief Description of Goods/Services/Grant:		Crisis Stabilization – MHS (Maine Crisis Line/988)	

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

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 Statewide Crisis Hotlines (Maine Crisis Line and Maine 988) serve as the gateway to Maine's behavioral health crisis system. Providing confidential behavioral health support via call, text and chat, the Statewide Crisis Hotlines are available to all Mainers 24/7/365.

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

These services were competitively bid under RFP 201506113 (1 award):

201506113 – 1 Statewide award MHC-XX-700

Initial Start Date *	4/1/2018	Initial End Date *	3/31/2019
Renewal 1 Start Date	4/1/2019	Renewal 1 End Date	6/30/2020
Renewal 2 Start Date	7/1/2020	Renewal 2 End Date	6/30/2021
Renewal 3 Start Date	7/1/2021	Renewal 3 End Date	6/30/2022
Renewal 4 Start Date	7/1/2022	Renewal 4 End Date	6/30/2023
Renewal 5 Start Date	7/1/2023	Renewal 5 End Date	6/30/2024

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

Costs are determined on a budget basis using staffing calculators to ensure both service availability and compliance with Federal service standards.

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

The Office of Behavioral Health has received approval to sole source this service until further directive to RFP is issued.

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.


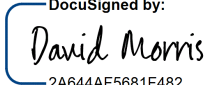
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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):			
Typed Name:	Jeanne Garza	Date:	8/12/2025
Signature of DAFS Procurement Official:	 <small>2A644AE5681E482...</small>		
Typed Name:	David Morris	Date:	8/15/2025

NOI 0820250789 08/15/2025 - 08/21/2025