



### 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/OCFS/Violence Intervention and Response		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Nicole Mitchell		
(If applicable) Department Reference #:		OVP-26-3002		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 20250717000OVP263002	
Amount: (Contract/Amendment/Grant		\$80,530.00		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	9/30/2026
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:		Elder Abuse Institute of Maine (EAIME) Brunswick, Maine		
Brief Description of Goods/Services/Grant:		Transitional housing and comprehensive support services for individuals in the State of Maine ages sixty (60) and older who are victims of elder abuse.		

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.

Elder Abuse Institute of Maine (EAIME) provides comprehensive supportive services for Maine's elder victims of domestic violence offenses, who reside at Martha's Cottage. Martha's Cottage is the only non-emergency housing option in Maine available exclusively to elder victims of domestic violence offenses. Services offered to residents of Martha's Cottage include case management, safety planning, financial planning assistance, resource connection and referrals, legal advocacy and referrals and housing advocacy. The funding provided through this agreement supports the staff needed to provide comprehensive support services to elder victims.

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.

Elder abuse is a significant and growing identified crime in the State. With the aging demographic in Maine being the largest segment of the State's population, crimes against the elderly are increasing proportionally. Mainstream services are not tailored to meet the specific needs of an elderly population and are not equipped to manage their specialized needs.

The Transitional Housing and Supportive Services Program of the Elder Abuse Institute of Maine (EAIME) provides transitional housing and comprehensive supportive services for the underserved victims of elder abuse ages sixty (60) and older from across the state of Maine. The Program provides free transitional housing and supportive services to older Maine residents who are victims of abuse and who need services to live free from abuse and mistreatment. Martha's Cottages are in various locations throughout Southern and Mid-coast Maine. Services and support provided by this Program enable elder victims of abuse to move from an environment in which abuse occurs to long-term permanent safety.

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

The agreement costs are in alignment with other domestic violence and sexual assault advocate positions in Maine and adds costs to provide housing and support services at "Martha's Cottage" specifically for elder victims of domestic violence.

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

This issue is discussed with/by leadership annually and is partly impacted by the availability of federal funds, which in recent years has significantly declined. Currently, the Department does not intend to competitively procure 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).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

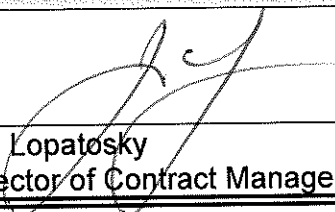
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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**

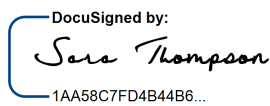
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	1 Aug 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:			
Typed Name:	Sara Thompson	Date:	18 August 2025