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/Maine CDC/Tobacco and Substance Use Prevention Program			
Department Contract Administrator or Grant Coordinator:	Bree Carrero / Nicole Mitchell			
(If applicable) Department Reference #:	CD0-27-4438			
Agency Department Code:	10A	Advantage CT / RQS #:	RQS-20260728000000000171	
Amount: (Contract/Amendment/Grant)	$98,322.50			
CONTRACT	Proposed/Original Start Date:	**7/1/2026**	Proposed/Most Recent End Date:	9/29/2026
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:	Verde Environmental Technologies Inc, Minnetonka, MN 55343			
Brief Description of Goods/Services/Grant:	Deterra Pouch mailers to deactivate drugs and prevent future environmental contamination.			

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.
Safe medication disposal is an evidence-based strategy to reduce access to unused prescription medications to reduce the likelihood of medication misuse. Community coalitions, community health workers, syringe service programs, and other community-based organizations need a safe, convenient, and permanent solution for community members to safely dispose of unwanted, expired, or unwanted medications at home. The Deterra Pouches offer community members a safe option to safely dispose of their unused medications and reduce the further contamination of the environment. At-home options for safe medication disposal are also essential for individuals without reliable transportation access to permanent drug drop box locations.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
The vendor, Verde Environmental Technologies, Inc, is the proprietary owner of Deterra pouches. The Deterra pouches use proprietary solutions and is the only independently tested and scientifically proven drug disposal system that permanently deactivates pills, patches, liquids, creams, and films. The patented Deterra System uses activated carbon absorption to render drugs inert and safe for disposal in the normal household trash. Deterra's plant-based packaging is USDA Certified, 50% or more bio-based and has earned the I'm Green plastic certification. Deterra has received official endorsements from both the DEA Educational Foundation and the Community Anti-Drug Coalitions of America (CADCA), both trusted partners in prevention.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
The Department completed market research and determined that Deterra is the only independently tested and scientifically proven home-based drug disposal system that permanently deactivates pills, patches, liquids, creams, and film. The negotiated costs for this product through this vendor are reasonable and fair as the vendor provides bulk purchasing discounts to the Department, allowing the Department to purchase larger quantities to extend the reach of the initiative. Funding under the Strategic Prevention Framework for Prescription Drugs (SPF-Rx) grant will be used to purchase the pouches and to support distribution in communities throughout Maine.
4. Describe the plan for future competition for the goods or services.
The Department will follow statutory purchase requirements for future purchases if the services are a continued need for the community organizations. The Department will conduct market research to determine if other vendors similar to Deterra have entered the market and if so, will utilize the procurement services process.

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:	Todd Haber, Acting Deputy Commissioner of Finance	Date:	8/12/2026

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:	DocuSigned by: Michael McNeil 7008796FB36A449...		
Typed Name:	Michael McNeil	Date:	8/12/2026

NOI 0820260604 8/12-8/18