



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 / OCFS / Child Welfare Services			
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Nicole Mitchell			
(If applicable) Department Reference #:	CFS-26-8413			
Agency Department Code:	10A	Advantage CT / RQS #:	RQS-20260728000000000169	
Amount: (Contract/Amendment/Grant)	\$21,625.00			
CONTRACT	Proposed/Original Start Date:	11/1/2025	Proposed/Most Recent End Date:	11/30/2025
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:	Spurwink Services Inc. Portland, ME			
Brief Description of Goods/Services/Grant:	Conference Registration Fees			

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 goal of the Spurwink Child Abuse Prevention (CAP) conference is to provide multi-disciplinary training to increase professional skills and knowledge to professionals who are involved in child abuse prevention, recognition, evaluation, reporting, investigation, prosecution, treatment, and all forms of child maltreatment.

Relevant, timely training is critical for child welfare staff to ensure the safety and well-being of Maine's children. The Maine Child Welfare Ombudsman's Annual report recommended that training for staff and supervisors be aligned with national best practices. Attending the Spurwink conference provides staff with access to the most up-to-date training. In addition, continuing education is required for child welfare staff to maintain the licensure required for their positions.

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.

This conference is presented by Spurwink Services, Inc., and is the only one of its kind within the State of Maine.

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

Spurwink sets the conference rates, based upon the costs of facility, speakers/trainers, etc. OCFS receives a pro-rated rate in the event a staff member cannot attend both days of the conference.

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

The conference is organized, hosted, and presented by Spurwink Services, Inc.

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:	R. Todd Haber	Date:	7/29/2026

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:	Signed by: 		
Typed Name:	Michael Hartmann	Date:	8/13/2026