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.

PART I: OVERVIEW					
Department Office/Division/Program:	DHHS /OC				
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Lyndsay Frank				
(If applicable) Department Reference #:	Multiple, see attached				
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple, see attached		
Amount: (Contract/Amendment/Grant)	$8,034,239.76 Projected Spend				
CONTRACT	Proposed/Original Start Date:	**12/15/2021**	Proposed/Most Recent End Date:	**6/30/2027**	
AMENDMENT	New Effective Date:	**1/1/2027**	New End Date (if Applicable):	**12/31/2027**	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:	Multiple, see attached				
Brief Description of Goods/Services/Grant:	Long Term Staffing Master Contract				

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 extend the contract period to allow adequate time to competitively procure for future long-term staffing services.

This master agreement contract will provide the Department with Long-term Resource Support for a variety of upcoming and ongoing projects through highly skilled, experienced and qualified vendors who will perform recruitment and payroll services.

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.

The vendors were selected through RFP 202108125 through 12/31/2026.

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

Each vendor provided an all-inclusive mark-up rate for the administrative costs and related benefits including vacation and holiday compensation as part of the overall Resource cost and rate.

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

The Department is in the process of developing an RFP for anticipated contract start date 1/1/2027. DHHS RFP# OC20251 is with SPRC for review and approval. The original plan was to have the RFP published already – however this was delayed due to competing Department priorities and the review of the service in general. Because this is for long-term contracted resources, the Department needs a runway of at least twelve months to continue services.

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):	Jeanne Garza		
Typed Name:	Jeanne Garza	Date:	08/11/2026
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: William J.E. Allen 2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	8/25/2026

NOI 0820260626 08/25/2026 - 09/1/2026

DHHS Office: COM
Service: Long Term Staffing- SFY22 Amendment 2

Vendor Name	Agreement Number	Amend		Start Date	End Date	Amend Amount	Projected Spend
LanceSoft	COM-22-6501	B	21120900000000000041	12/15/2021	12/31/2027	0	$326,201.58
Maxim Healthcare Services	COM-22-6503	B	21120900000000000043	12/15/2021	12/31/2027	0	$1,545,877.02
Public Consulting Group	COM-22-6505	B	21120900000000000042	12/15/2021	12/31/2027	0	$6,162,161.16
Total Items	3				Totals		$8,034,239.76