



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/OADS/DS-BI		
Department Contract Administrator or Grant Coordinator:		Althea Harris/Nicole Mitchell		
(If applicable) Department Reference #:		ADS-24-9830 D		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 20240314000000002483	
Amount: (Contract/Amendment/Grant		Amend D: \$ 30,000.00 Revised: \$911,800.00		
CONTRACT	Proposed/Original Start Date:	4/1/2024	Proposed/Most Recent End Date:	9/30/2025
AMENDMENT	New Effective Date:	7/31/2025	New End Date (if Applicable):	
	Project Start Date:		Grant Start Date:	
GRANT	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		WheelPad, L3C Wilmington, Vermont		
Brief Description of Goods/Services/Grant:		Accessible Home Attachments for Independent Living		

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 checked="" 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.

The purpose of this Amendment is for additional funding for sitework to complete installation.

This project provides funding for adding six (6) fully accessible bedroom and bathroom suites through [WheelPad](#), L3C, to existing homes. These attachments are universally accessible, exceeding requirements for the Americans with Disabilities Act, and are suitable for integrating into non-disability-specific and provider-owned homes, significantly increasing the number of accessible housing units available in Maine, in line with the Home and Community-Based Services (HCBS) federal regulations.

Goals and Expected Outcomes

1. **Enhancing Family Unity:** Facilitate individuals staying with or returning to their families by adapting homes to meet their accessibility needs.
2. **Stabilizing Housing:** Provide adaptable living spaces that accommodate changing mobility needs, reducing the necessity for disruptive relocations.
3. **Diversifying Housing Choices:** Increase the range of accessible living options for individuals with disabilities, offering more independence within their communities.

Sustainable Benefits

1. **Community Integration:** Promote the ability of individuals with disabilities to live within their communities, strengthening social connections and decreasing isolation.
2. **Scalable Model:** Present a model for other states and regions, demonstrating Maine's commitment to innovative and inclusive housing solutions.
3. **Flexible Placement Options:** Create a housing option suited for an individual's needs that can travel with them if a life circumstance requires them to move elsewhere in the state, such as a change in care needs or providers.

This initiative, Accessible Home Attachments for Independent Living, aims to significantly impact these individuals' lives, mainly focusing on those with Developmental Disabilities and Brain Injuries.

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.

CMS approved WheelPad as the Provider to receive funding for this service tied to Section 9817-FMAP Project # 201.12. There is no other manufactory on the Eastern Seaboard that produces ready-made mobile units that connect to existing homes.

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

Quotes were obtained from contractors to install each of the six (6) WheelPad units. Of the \$170,970.00 for installation costs, the client is responsible for 10% and the remaining 90% (\$153,873.00) will be paid via the funds added under Amendment B and this additional amount being added under Amendment D. There is also an administration fee built in for WheelPad for each unit installed.

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


There is no plan for future competition as this is a one-time unique service.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPAMJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> 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:	DocuSigned by:  41C2BA36FAF44CD...
Typed Name:	Kathy Paquette
Date:	9/12/2025