



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:		Department of Public Safety, Bureau of Highway Safety	
Department Contract Administrator or Grant Coordinator:		Kristen Morin	
(If applicable) Department Reference #:		N/A	
Agency Department Code:	16A	Advantage CT / RQS #:	20250915*0460
Amount: (Contract/Amendment/Grant)	\$50,000.00		
CONTRACT	Proposed/Original Start Date:	<b>10/1/2025</b>	Proposed/Most Recent End Date: <b>9/30/2026</b>
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:		VC0000273570 GeroPsych Maine, LLC PO Box 11193 Portland, Maine 04104	
Brief Description of Goods/Services/Grant:		Educating caregivers, senior drivers and their families	

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
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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.

Based on crash data: mature drivers (ages 60+) were involved in 41,059 crashes from 2022-2025 throughout the state of Maine. Contributing factors to consider with mature drivers are age related changes such as reduced vision, reduced hearing and slower reaction times which can impact their ability to drive safely. Additional contributing factors include chronic conditions, medications and changes in cognitive abilities.

Increased awareness and education are imperative to lower the amount of serious injury and fatal crashes by mature drivers across the state of Maine. With these classes, GeroPsych Maine will educate mature drivers, their caregivers and other medical professionals on safe driving methods and the resources to make them successful behind the wheel.

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.

Selected vendor was identified and approved by NHTSA (National Highway Traffic Safety Administration) for federal funding identified for Federal Fiscal Year 2026 through Maine’s 2026 Annual Grant Application process. While completing market research, no other companies or programs were identified to provide the same programming.

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

Project and costs were identified and approved for federal grant funding by NHTSA for FFY2026. Market research indicated that a Clinical Psychologist with a Specialization in Applied Gerontology and Driving Fitness can make \$120,000.00 - \$180,000.00 at the height of their career. This research indicates that the rate of \$125.00 per hour is fair and reasonable.

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

If the vendor fails to meet the performance requirements, then the State would issue an RFP to seek a new vendor/program.

**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):	 <a href="#">Michael Sauschuck (Sep 26, 2025 13:03:50 EDT)</a>		
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Typed Name:	Michael J. Sauschuck	Date:	Sep 26, 2025
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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):			
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Typed Name:		Date:	
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**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	DocuSigned by: 		
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Typed Name:	Michael McNeil	Date:	9/29/2025
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NOI 0920250887 9/29-9/6






# FY2026 GeroPsych PJF

Final Audit Report

2025-09-26

Created:	2025-09-26
By:	Lauren Stewart (lauren.v.stewart@maine.gov)
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## "FY2026 GeroPsych PJF" History

-  Document created by Lauren Stewart (lauren.v.stewart@maine.gov)  
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-  Document emailed to Michael Sauschuck (michael.sauschuck@maine.gov) for signature  
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