



### 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.*

Department Office/Division/Program:		<b>Permanent Commission on the Status of Racial, Indigenous and Tribal Populations</b>		
Department Contract Administrator or Grant Coordinator:		<b>Aaron J. Hooks Wayman, Operations Director</b>		
(If applicable) Department Reference #:		<b>N/A</b>		
Agency Department Code:	<b>90R</b>	Advantage CT / RQS #:	<b>2023102400000001212</b>	
Amount: (Contract/Amendment/Grant)		<b>\$ 30,000</b>		
CONTRACT	Proposed/Original Start Date:	<b>10/30/2023</b>	Proposed/Most Recent End Date:	<b>01/31/2025</b>
AMENDMENT	New Effective Date:	<b>10/30/2025</b>	New End Date (if Applicable):	<b>06/30/2026</b>
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		<b>Wabanaki Public Health and Wellness BREWER, ME</b>		
Brief Description of Goods/Services/Grant:		This amendment continues and expands programming in Maine correctional facilities to provide culturally relevant ceremonies, education, and community engagement for Indigenous residents. It also supports evaluation activities to assess the impact of these services on residents and staff.		

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
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X	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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.*

<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p> <p>This amendment expands Phase I programming by supporting culturally relevant ceremonies, cultural and language education, and program evaluation in Maine correctional facilities. The services address the need for culturally grounded support for Indigenous residents and help strengthen community connections and wellness.</p>
<p>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.</p> <p>Wabanaki Public Health and Wellness (WPHW) is the only Wabanaki-led organization with the cultural expertise, relationships, and capacity to provide these services within correctional facilities. Their unique qualifications and prior successful delivery in Phase I make them the sole provider able to perform this work.</p>
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p> <p>The negotiated costs represent market rates for culturally appropriate community engagement and evaluation services. The amendment adds funds, expands the scope of programming, and extends the contract term. Costs were reviewed and negotiated with the Permanent Commission and are considered fair and reasonable for the services provided.</p>
<p>4. Describe the plan for future competition for the goods or services.</p> <p>This amendment represents a continuation and expansion of services with WPHW. Given the specialized expertise required and the success of Phase I, competition is limited. The Department will evaluate long-term needs and consider future competition if other qualified Indigenous-led providers emerge.</p>

<p>Does this request utilize ARPA/MJRP funds?</p> <p><input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).</p> <p><input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.</p>
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No – If No, proceed to Part V.

*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.

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:	<b>Aaron J. Hooks Wayman</b> Operations Director, PCRITP	Date:	<b>10/02/2025</b>
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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):

Typed Name:		Date:	
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**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:

DocuSigned by:  
*Thomas Paquette*  
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Typed Name:	Thomas Paquette	Date:	10/22/2025
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