



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//OBH Kelly Staples Eliza Fielding		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza/ Stephanie Wood		
(If applicable) Department Reference #:		MH4-27-4028		
Agency Department Code:	10A	Advantage CT / RQS #:	20260401000MH4274028	
Amount: (Contract/Amendment/Grant)		\$ 30,314.96		
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date:	6/30/2027
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:		Western Mass Training Consortium Holyoke, MA		
Brief Description of Goods/Services/Grant:		CIPSS Training		

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 Agreement is to provide training services for the State of Maine's Certified Intentional Peer Support Specialist program (CIPSS). CIPSS is the only training and certification program for Peer Support Specialists available to Maine residents

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 vendor has proprietary rights to the Certified Intentional Peer Support Program (CIPSS) trainings that provides a formal structured certification process which provides consistency and ongoing training for Peer Support Specialists. Staff are required to be CIPSS certified to maintain the quality care for Mental Health Consumers. This vendor offers trainings to fulfill a need to expand the quantity and variety of trainings that are available to CIPSS who are in the process of becoming certified or would like to maintain certification.

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

The cost was determined through a strict timeline of deliverables and is based on a cost per training. Trainings and the follow-up discussion will be provided at the rates detailed in the Payment Rider. While there are no other entities qualified to provide this training, costs for comparable trainings, number of days, and expertise of the trainers show the Western Massachusetts Training Consortium is in alignment with other market rates for training vendors. OSA-26-4010 Co-Occurring Collaborative Serving Maine is an example of a comparable contract.

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

The Department does not intend to RFP this service. The vendor has proprietary rights to the trainings. If the services become available from other Providers OBH will competitively bid them through OSPS.

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.

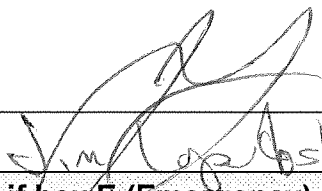
☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their

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:	Jim Laporte	Date:	23-Sep-26

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:  41C2BA36FAE44CD...		
Typed Name:	Kathy Blais	Date:	9/30/2026