



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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/OCFS	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Melanie Boucher	
(If applicable) Department Reference #:		ECE-25-5055	
Amount: (Contract/Amendment/Grant)	\$ \$385,000.00	Advantage CT / RQS #:	CT 10A 20241101000ECE255055
CONTRACT	Proposed Start Date:	1/1/2025	Proposed End Date: 12/30/2025
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Wabanaki Public Health & Wellness Bangor, Maine	
Brief Description of Goods/Services/Grant:		Family Support to improve pre-natal care and supports for pregnant individuals and new parents within all Wabanaki communities.	

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. University 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.

Wabanaki Public Health & Wellness (WPHW) will employ a series of strategies to ensure that expecting parents, and parents of young children, in all five (5) Wabanaki communities, receive the supports and services they need to thrive and support the early development of their young children. Including childbirth education classes, Indigenous Doula training, safety resources, and safety supplies, literacy tools and books, particularly books written by and for Indigenous people. WPHW will hire one (1) full-time Maternal and Child Health Managers and one (1) MCH Program Coordinator. These positions will work closely with the WPHW's home visiting program, and Tribal leaders, to ensure that the program is developing strong relationships, and meeting the needs of families prior to the birth of their children to ensure strong parent/child attachment, and a safe and healthy foundation for the family. They will be responsible for coordinating work across five (5) different communities with different stakeholders and needs.

WPHW will provide comprehensive services to these families during the perinatal period through the first few years of life. The goal is to support cultural knowledge keepers every step of the way: starting with prenatal care, to addressing birth trauma, to ensuring critical parent/child attachment during that first year. This includes expanding Indigenous Doula services in the Tribal communities, offering safety resource bundles for infants and their families, celebrating the arrival of newborns, and providing parenting classes. The initiative also emphasizes the importance of promoting play, songs, languages, nurturing bonds, and integrating traditional medicine along with literacy and love, providing a full wrap-around service for families and children.

WPHW will work with professional contractors who include midwives, doctors, and Doulas, to develop a new and unique childbirth education class specifically geared towards expecting parents from Wabanaki communities. These professionals will create the class materials and ensure that the programming is grounded in science and Indigenous traditions. The materials will be reviewed by cultural knowledge keepers and curriculum reviewers to guarantee cultural sensitivity and guarantee quality of content. The expenses include piloting the class as well as the implementation of five (5) trainings to expecting parents in different locations. Costs for implementation include class materials, facility rentals, working lunches, child care and transportation reimbursement for participants. Expenses also include trained presenters to present the materials.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

WPHW, located in Bangor, Maine, is uniquely positioned to provide critical maternal and child health support and services to all Wabanaki communities. The Provider runs the home visiting program, which is primarily centered on the Family Spirit model Home Visiting Program. This program is tailored to meet the unique needs of the five (5) Tribal communities.

The Provider previously conducted Maternal and Child Health Tribal Home Visiting Assessments in all five (5) Wabanaki communities. This program is a direct response to the needs identified through those assessments. This approach not only preserves ancestral traditions, but also actively contributes to creating a nurturing community network, that provides care, education, respect,

PART III: SUPPLEMENTAL INFORMATION

understanding, and support to Tribal families. Their efforts will provide comprehensive services to support the healthy development of young children, and the well-being of families.

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

MH3-24-637 WPHW's primary manager for their Peer Run Recovery Center receives \$62,000.00 annually and provides services to individuals and families as part of their primary role. MH4-24-104 WPHW's primary manager for their Educator Team and Outreach services receives \$58,000.00 annually. This contract's primary manager will receive \$67,000.00 annually which is comparable to both of these other positions.

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

The funding for this contract comes from one-time Preschool Development Grant funding. OCFS does not intend to RFP these services in the future.

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).

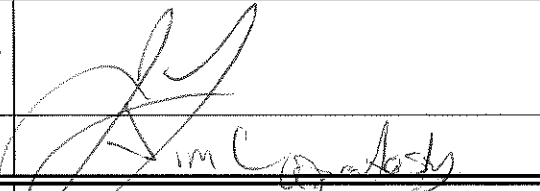

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim C. Paquette	Date:	12 Nov-24
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	12/12/2024