



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 Corrections/Adult Community Corrections	
Department Contract Administrator or Grant Coordinator:		Chris Arbour	
(If applicable) Department Reference #:			
Agency Department Code:	03A	Advantage CT / RQS #:	2025121700000000992
Amount: (Contract/Amendment/Grant)	\$20,574.00		
CONTRACT	Proposed/Original Start Date:		Proposed/Most Recent End Date:
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:		Diamond Drugs, Inc. Pittsburgh, PA	
Brief Description of Goods/Services/Grant:		Naloxone 4mg/0.1ml Spray	

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 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 checked="" 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 Department of Corrections supplies Narcan in resident reentry Wellness Kits distributed to individuals released from custody into the community. The immediate post-release period is a high-risk time for overdose, particularly due to reduced opioid tolerance following incarceration. Providing Narcan directly to releasing residents is a practical, evidence-informed harm-prevention step that can rapidly reverse an opioid overdose and prevent death while emergency medical services are en route.
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.	The Department had critical supply chain issues and required immediate delivery of Narcan to ensure all releases from the Department were supplied with this life saving drug. The vendor was selected due to delivery timetables and priced at market rate. The Department regularly purchases this commodity and knows the prices to be consistent with previous orders.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The Department compared the pricing to previous orders and the price was significantly cheaper than previous orders from other vendors.
4. Describe the plan for future competition for the goods or services.	The Department will continue to use the competitive process or Master Agreements when appropriate.


PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – 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	
<i>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.</i>	
<input checked="" type="checkbox"/> 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

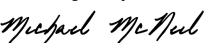
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  FD522942914A4F8...		
Typed Name:	Conner McFarland	Date:	12/17/2025

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):	Signed by:  8E48CAE00CCD407...		
Typed Name:	Anthony Cantillo	Date:	12/17/2025

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by:  7008796FB36A449...		
Typed Name:	Michael McNeil	Date:	12/22/2025

NOI 1220251100