



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/OBH/Corinna OLeary/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		OSA-24-3020A		
Amount: (Contract/Amendment/Grant)		Amend A: \$151,250.00 Revised: \$756,250.00	Advantage CT / RQS #:	CT 10A 20240617000OSA243020
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	4/1/2024	Effective Date:	3/31/2025
	Previous End Date:	3/31/2025	New End Date:	6/30/2025
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Crossroads For Women, Inc Scarborough, ME		
Brief Description of Goods/Services/Grant:		Women's Residential		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input checked="" type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" 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 checked="" type="checkbox"/>	J. Willing and Qualified – Eff. 4/1/2025
<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.

The purpose for this amendment is to extend the end date and add funds for the 4th quarter in order to line up with the other residential care facilities.

This agreement is intended to provide residential treatment service 24/7/365, to approximately one hundred sixty (160) women per year, eighteen (18) years of age and older, who are assessed with having a SUD and meet the criteria for ASAM Level 3.5 services, and shall include accommodations for women with children, ages newborn to five (5) years old.

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

The vendor was competitively award through RFP 201907112.

Initial Start Date *	4/1/2020	Initial End Date *	3/31/2022
Renewal 1 Start Date	4/1/2022	Renewal 1 End Date	3/31/2024
Renewal 2 Start Date	4/1/2024	Renewal 2 End Date	3/31/2025

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

The cost of these services was deemed fair and reasonable during the budgetary review of the proposal awarded through the RFP 201907112 process and upon successful negotiations with the awarded Bidder. The rates are now standardized and consistent with MaineCare rates as stated in the MaineCare Benefits, Chapter III, Section 97 appendix B (Residential).

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

The Department has decided to end the competitive process for this service and move this service to Willing & Qualified as are other contracted residential services with similar services.

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.

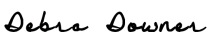

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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):	DocuSigned by:  <small>5DC6307B8558482...</small>		
Typed Name:	Debra Downer, Deputy Director for Competitive Procurement	Date:	Mar-03-2025
Signature of DAFS Procurement Official:	DocuSigned by:  <small>41C2BA36FAF44CD...</small>		
Typed Name:	kathy Paquette	Date:	4/28/2025