



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 – Stephanie Kadnar/Richard Freund	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melanie Boucher	
(If applicable) Department Reference #:		See List attached	
Amount: (Contract/Amendment/Grant)	\$ 472,204.00	Advantage CT / RQS #:	CT 10A XXXXX
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date: 9/30/2025
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:		Multiple (see list below)	
Brief Description of Goods/Services/Grant:		Immunization Program	

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 checked="" 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.

In this pilot project the providers will provide wound care and other clinical services and clinical advice to people who inject drugs related to xylazine injection and other injection-related ailments, as well as referrals for further care. Services will be provided in close partnership with the Church of Safe Injection (CoSI), a certified syringe service program (SSP) based in Lewiston, ME. The City of Portland's syringe service program will also provide services in close partnership with their existing clinical services. The providers will provide services both on-site at the SSP, and on an outreach basis to populations with disproportionate rates of injection drug use.

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

This pilot project is part of a Governor's Initiative to reduce xylazine-related morbidity among people who inject drugs. The program used limited-time funds to pilot services and evaluate the impact of said services prior to offering them on a broader scale through other vendor selection modalities. The providers selected have an existing relationship with SSPs as part of a similar program contracted through the Maine CDC and are familiar with the target population.

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

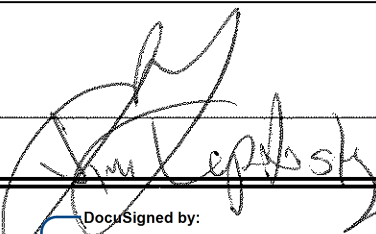

The project was part of a \$1M Governor's Initiative to reduce xylazine-related morbidity. Of the \$1M intended for the initiative programmatic staff elected to allocate \$500,000 towards the provision of clinical services to be divided between two pilot projects. Programmatic staff solicited budgets for the proposed projects and negotiated around allowable expenses within state and federal policies to achieve the desired outcomes.

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

Depending on the outcomes of the above reference pilot projects clinical services may be extended through other syringe service programs. The exact modality of selection will be determined based on what is best expected to accomplish the Department's goals based on the outcomes of the pilot projects and may include a competitive process by RFP or Any Willing and Qualified.

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) – 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 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:		Date:	<i>2/10/2025</i>
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	kathy Paquette	Date:	2/10/2025

DHHS Office: OBH
Service: Immunization Program

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Amount
Portland CTY of	OSA-25-5156	20241213000OSA255156	10/1/2024	9/30/2025	\$252,204.00
Family Planning Assoc	OSA-25-5157	20241213000OSA255157	10/1/2024	9/30/2025	\$220,000.00

Total Items	2	Totals	\$472,204.00
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