



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 \$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 / MCDGP/Infectious Disease Surveillance/HIV Prevention		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Emily Clifton		
(If applicable) Department Reference #:		CD9-24-5124B		
Amount: (Contract/Amendment/Grant)		Current: \$398,212.00 Amend: \$62,502.00 Revised: \$460,714.00	Advantage CT / RQS #:	CT 10A 20230515000000003204
CONTRACT	Original Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:	2/1/2025
	Previous End Date:	6/30/2025	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:		Wabanaki Public Health and Wellness, Bangor, Maine		
Brief Description of Goods/Services/Grant:		Syringe Service Programs		

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 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
<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.

This Agreement aims to expand and increase certified syringe service programs (SSP) in Maine. These services would expand staffing, referral services, distribution of naloxone, and fund the purchase of physical program supplies (such as syringes, cotton balls, prep pads, filters, and HIV and Hepatitis C point-of-care rapid testing kits) for Certified Hypodermic Apparatus Exchange Programs in Maine, as directed in LD1707 and LD1552 and by Title 22, §1341, Hypodermic Apparatus Exchange Programs (<http://legislature.maine.gov/statutes/22/title22sec1341.html>) and any applicable rules, see: <https://www.maine.gov/sos/cec/rules/10/chaps10.htm>

This Provider is receiving an additional amount due to the Department's decertification of Health Equity Alliance (HEAL) in Bangor and the recent closure of HEAL's syringe service programs, which has resulted in increased service provisions from this Provider to serve the participants from Health Equity Alliance and meet the overall needs of the community.

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

The Department has determined that these providers are uniquely qualified to provide these services because they offer Certified Hypodermic Apparatus Exchange Programs in Maine and are therefore one of the only agencies that can legally do this work on a State-certified basis. Certified Hypodermic Apparatus Exchange Programs in Maine, as directed in LD1707 and LD1552 and in accordance with Title 22, §1341, Hypodermic Apparatus Exchange Programs (<http://legislature.maine.gov/statutes/22/title22sec1341.html>) and any applicable rules, see: <https://www.maine.gov/sos/cec/rules/10/chaps10.htm>

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

As directed by statute/22/title22sec1341 the funding of each Exchange Program is "based on rates of intravenous drug use and negative health outcomes related to drug use in the geographic area surrounding a program; if applicable, the number of services historically provided by the certified program; and other relevant factors". The rate for this service is comparable amongst the different willing and qualified providers.

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

The Department does not intend to RFP these services as they are offered to Providers who are willing and qualified to provide these 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.

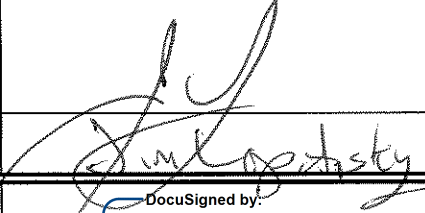
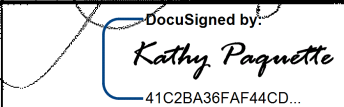
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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):			
Typed Name:		Date:	17-Apr-25
Signature of DAFS/ Procurement Official:	 <small>DocuSigned by:</small> Kathy Paquette <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	5/20/2025