



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/OBH/Maddison Bourassa/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Brianne Carrero		
(If applicable) Department Reference #:		Multiple: See Addendum		
Amount: (Contract/Amendment/Grant)		\$ Multiple, see attached	Advantage CT / RQS #:	Multiple, see attached
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date:	6/30/2027
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 Addendum		
Brief Description of Goods/Services/Grant:		Overdose Prevention/Naloxone Distribution		

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.

Overdose Prevention: The purpose of this Agreement is to provide overdose prevention education and outreach to as many individuals, who are part of the high-risk populations and groups, to combat opiate and heroin use and to address the growing epidemic throughout Maine.

The Provider is responsible for coordination of outreach services and related overdose prevention information to communities, Providers, and at-risk clients in their respective regions. As the Single State Authority (SSA), it is the responsibility of this Department to allocate SAPT Block Grant and state dedicated and matching funds/resources to Providers who have the organizational structure and ability to implement evidenced-based overdose prevention education to clients in Maine.

Naloxone Distribution: The purpose of the agreement is in response to Governor Mills' executive order dated February 6, 2019; Section III. OVERDOSE AND DEATH PREVENTION; Section C. directing the Department to fund the purchase of intranasal Narcan and intramuscular naloxone for distribution. These Providers will distribute naloxone kits to individuals at risk of overdose to those within the community as needed.

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

DHHS, The Office of Behavioral Health Services have determined that these providers are willing and qualified providers who are municipal public health agencies.

Overdose Prevention: These Providers have specially trained staff with the ability to provide overdose prevention services for at risk individuals. These Providers have the available resources to provide overdose prevention services and outreach to high-risk populations and groups identified in the Provider's community. The groups shall include those in treatment (Medication Assisted Treatment -MAT) programs, recovery support services, and harm reduction programs.

Naloxone Distribution: These Providers are considered Tier 1 Providers with the ability to purchase large amounts of naloxone kits as needed throughout the contract period to distribute to Tier 2 Providers who provide service to those within the community. These Providers distribute naloxone rescue kits and provide education related to opioid overdose and life-saving rescue measures to reverse the effects of an opioid overdose and provide the salary of staff for the distribution of the naloxone kits.

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

Cost of kits were based on market value of the medication per pharmacy/pharmaceuticals company. Salary was based on current rates for qualified staff providing the service. The Department considers these costs as fair and reasonable.

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

The Department does not intend to RFP these willing and qualified services.

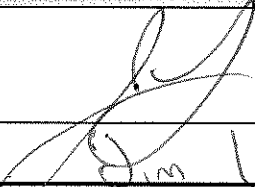
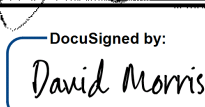
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PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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:	David Morris	Date:	25 Aug 25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>2A644AF5681F482...</small>		
Typed Name:	David Morris	Date:	10/1/2025

NOI W&Q 1020250900

DHHS Office:

OBH

Service: Overdose Prevention-
SFY26

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Revised Amount
MaineGeneral Medical Ctr	OSA-26-367	2025042300000OSA26367	7/1/2025	6/30/2027	\$1,699,218.00
Portland City of	OSA-26-372	2025042300000OSA26372	7/1/2025	6/30/2027	\$1,929,382.00
Bangor City of	OSA-26-373	2025042300000OSA26373	7/1/2025	6/30/2027	\$1,706,934.00
Maine Access Points	OSA-26-376	2025042300000OSA26376	7/1/2025	6/30/2027	\$1,852,526.00
Total Items	4			Totals	\$7,188,060.00