



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:		DHHS/OBH		
Department Contract Administrator or Grant Coordinator:		Brienne Carrero / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple, see attached list		
Agency Department Code:	10A	Advantage CT / RQS # :	Multiple, see attached list	
Amount: (Contract/Amendment/Grant		\$472,204.00		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	9/30/2026
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:		Multiple, see attached list		
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. 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 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 solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

This 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 is part of a \$1M Governor's Initiative to reduce xylazine-related morbidity. \$500,000 was initially put towards the provision of clinical services that was 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. The remaining funds are to be applied to a second year of the project.

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

The Department does not intend to competitively procure this service, at this time. Should another Provide express interest in providing this service, the Department would consider another contract.

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.

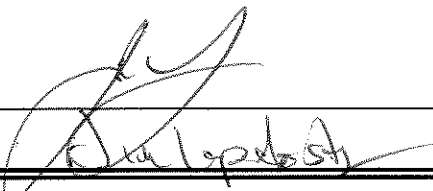
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	25-Aug-25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/6/2025

DHHS Office: OBH
Service: Xylazine Wound Care- SFY26

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
City of Portland	OSA-26-5156	20250805000OSA265156	10/1/2025	9/30/2026	\$252,204.00
Family Planning Assoc of ME	OSA-26-5157	20250805000OSA265157	10/1/2025	9/30/2026	\$220,000.00
Total Items	2			Totals	\$472,204.00