



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 Michael Freysinger Eliza Fielding	
Department Contract Administrator or Grant Coordinator:		Brienne Carrero / Nicole Mitchell	
(If applicable) Department Reference #:		Multiple – See attached list	
Agency Department Code:	10A	Advantage CT / RQS # :	Multiple – See attached list
Amount: (Contract/Amendment/Grant		\$237,000.00 Combined Total	
CONTRACT	Proposed/Original Start Date:	9/1/2025	Proposed/Most Recent End Date: 12/31/2025
AMENDMENT	New Effective Date:		New End Date (if Applicable): No Change
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Western Maine Addiction Recovery Initiative, Norway ME	
Brief Description of Goods/Services/Grant:		Community Center	

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.

There continues to be an increased need for treatment options within the State. In accordance with the Governor's Executive Order; "An Order To Implement Immediate Responses To Maine's Opioid Epidemic" dated February 6th, 2019 Community Centers provide a safe and welcoming space where individuals going through recovery can gain skills and support essential to promoting success.

The purpose of this Agreement is to establish new and maintain existing Community Centers to coordinate and run Peer Support programs to help persons seeking and maintaining Recovery from drug and alcohol addiction. The Center will accomplish the following activities:

- Individual mentoring and coaching
- Provide assistance with access to employment services and other basic needs necessary to Recovery
- Hold or provide access to Facilitated Groups for participants and affected others.

The purpose of this Amendment is to add a new Provider.

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.

DHHS, Office of Behavioral Health had determined that these providers are willing & qualified to provide this service as they are the only providers capable of doing so within these regions of the state. These geographic parts of Maine are significantly lacking resources and quality entities to combat the opioid crisis they face. This will allow a space for individuals fighting for their recovery to gather local resources and help. It will provide the only safe space these individuals can go to obtain the skills and support needed to guide and progress them through their recovery.

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

The cost was determined based on necessity of funding for this service, staff and resources in order to provide Community Center Services. Costs includes rent, consultation, utilities, various supplies, salaries and other needed expenses to support and promote a safe space for recovery.

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

The Department does intend to RFP this service # 202501002 for an initial contract start date of 1/1/2026.

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.

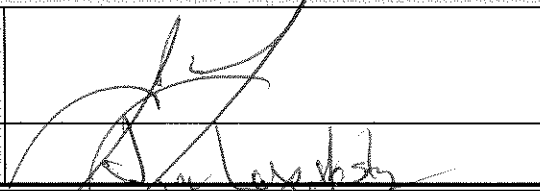
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	19-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:			
Typed Name:	Kathy Paquette	Date:	12/3/2025

DHHS Office: OBH
 Service: Community Center SFY-26 Amend 1

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
Pir2Peer	OSA-26-760	202504290000OSA26760	7/1/2025	12/31/2025	\$25,000.00
Larry Labonte Recovery Center	OSA-26-770	202504290000OSA26770	7/1/2025	12/31/2025	\$25,000.00
Church of Safe Injection	OSA-26-780	202504290000OSA26780	7/1/2025	12/31/2025	\$25,000.00
Save a Life, Inc	OSA-26-790	202504230000OSA26790	7/1/2025	12/31/2025	\$25,000.00
Healthy Acadia	OSA-26-791	202504290000OSA26791	7/1/2025	12/31/2025	\$25,000.00
Coastal Recovery Community Center	OSA-26-793	202504290000OSA26793	7/1/2025	12/31/2025	\$25,000.00
Maine Health	OSA-26-795	202504230000OSA26795	7/1/2025	12/31/2025	\$25,000.00
Volunteers of America	OSA-26-796	202504290000OSA26796	7/1/2025	12/31/2025	\$25,000.00
Western Maine Addiction Recovery Initiative	OSA-26-798	202507230000OSA26798	9/1/2025	12/31/2025	\$37,000.00
Total Items	9			Totals	\$237,000.00