



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/ MCDCP/Infectious Disease Surveillance/HIV Prevention	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Lyndsay Frank	
(If applicable) Department Reference #:		Multiple, See Attached	
Agency Department Code:	10A	Advantage CT / RQS # :	Multiple, See Attached
Amount: (Contract/Amendment/Grant	\$3,856,027.62		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 6/30/2027
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 Table	
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 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.

This Agreement aims to expand and increase Maine's certified syringe service programs (SSP). These services would expand staffing, testing services for infectious disease, referral and linkage to care 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, Syringe Services Programs Rule <https://legislature.maine.gov/statutes/22/title22sec1341.html> and any applicable rules, see: <https://www.maine.gov/sos/rulemaking/agency-rules/department-health-and-human-services-rules>

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 Maine CDC has determined that currently these 10 providers are uniquely qualified to provide these services because they offer Certified Hypodermic Apparatus Exchange Programs in Maine and are therefore the only agencies funded to 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, Syringe Services Programs Rule <http://legislature.maine.gov/statutes/22/title22sec1341.html> and any applicable rules, see: <https://www.maine.gov/sos/rulemaking/agency-rules/department-health-and-human-services-rules>

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
5. or services.

The Department does not intend to RFP 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 signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	24-Nov-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:	12/9/2025

DHHS Office: CDC
 Service: HIV Prevention SSP SFY26

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
MaineHealth	CD0-26-5166	20250527000CD0265166	7/1/2025	6/30/2027	\$ 112,703.53
Commonspace	CD1-26-5102	20250527000CD1265102	7/1/2025	6/30/2027	\$ 532,595.19
Spurwink Services	CD3-26-5113	20250527000CD3265113	7/1/2025	6/30/2027	\$ 227,548.68
Maine Access Points	CD4-26-5109	20250527000CD4265109	7/1/2025	6/30/2027	\$ 622,850.01
Maine Recovery Access Project	CD5-26-5141	20250527000CD5265141	7/1/2025	6/30/2027	\$ 263,619.26
Needlepoint Sanctuary of ME	CD6-26-5160	20250527000CD6265160	7/1/2025	6/30/2027	\$ 269,486.41
Wabanaki Public Health & Wellness	CD9-26-5124	20250527000CD9265124	7/1/2025	6/30/2027	\$ 400,511.99
City of Portland	CDM26-5102	20250527000CDM265102	7/1/2025	6/30/2027	\$ 607,938.37
MaineGeneral Medical Ctr	CDM-26-5103	20250527000CDM265103	7/1/2025	6/30/2027	\$ 484,110.76
Church of Safe Injection	CDM-26-5155	20250527000CDM265155	7/1/2025	6/30/2027	\$ 334,663.42
Total Items	10			Totals	\$ 3,856,027.62