



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: | Chris Moiles / Nicole Mitchell | | |
| (If applicable) Department Reference #: | Multiple, See attached | | |
| Agency Department Code: | 10A | Advantage CT / RQS #: | Multiple, See attached |
| Amount: (Contract/Amendment/Grant) | Amend: \$354,295.38 Revised: \$3,875,659.58 | | |
| CONTRACT | Proposed/Original Start Date: | 7/1/2025 | Proposed/Most Recent End Date: 6/30/2027 |
| AMENDMENT | New Effective Date: | 7/1/2025 | New End Date (if Applicable): NA |
| GRANT | Project Start Date: | | Grant Start Date: |
| | Project End Date: | | Grant End Date: |
| Vendor/Provider/Grantee Name, City, State: | Multiple, See attached | | |
| 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. 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, Hypodermic Apparatus Exchange Programs (<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>

The amendment is intended to provide two additional contracts and amend CD3-26-5113, Spurwink, to the Lewiston, Maine service area due to the closure of another program in the area, and to reallocate funds from the closed program. Additional funds are provided by MVHPC, F2025, component 3.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

DHHS Maine CDC 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 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, Hypodermic Apparatus Exchange Programs (<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 among 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 them.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

| | | |
|--|---|----------------|
| Signature of requesting Department's Commissioner (or designee): |  | |
| Typed Name: | Steve Lynch | Date: 9-Mar-26 |

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

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

****OSPS Section Only****

| | | |
|---|---|-----------------|
| Signature of DAFS Procurement Official: | DocuSigned by: <i>Kathy Paquette</i> | |
| Typed Name: | 41C2BA36FAF44CD... Kathy Paquette | Date: 3/26/2026 |

DHHS Office: MCDPC

Service: HIV Prevention SSP-SFY26, Amendment 1

| Vendor Name | Agreement Number | Amend Number | CT 10A | Start Date | End Date | Amend Amount | Revised Amount |
|---|------------------|--------------|----------------------|------------|---------------|---------------------|-----------------------|
| Commonspace | CD1-26-5102 | n/a | 20250527000CD1265102 | 7/1/2025 | 6/30/2027 | n/a | \$532,595.19 |
| Spurwink | CD3-26-5113 | A | 20250527000CD3265113 | 7/1/2025 | 6/30/2027 | \$128,658.42 | \$356,207.10 |
| Maine Access Points | CD4-26-5109 | n/a | 20250527000CD4265109 | 7/1/2025 | 6/30/2027 | n/a | \$622,850.01 |
| Maine Recovery Access Project | CD5-26-5141 | n/a | 20250527000CD5265141 | 7/1/2025 | 6/30/2027 | n/a | \$263,619.26 |
| Needlepoint Sanctuary | CD6-26-5160 | n/a | 20250527000CD6265160 | 7/1/2025 | 6/30/2027 | n/a | \$269,486.41 |
| Wabanaki Health & Wellness | CD9-26-5124 | n/a | 20250527000CD9265124 | 7/1/2025 | 6/30/2027 | n/a | \$400,511.99 |
| City of Portland | CDM-26-5102 | n/a | 20250527000CDM265102 | 7/1/2025 | 6/30/2027 | n/a | \$607,938.37 |
| MaineGeneral Medical Center | CDM-26-5103 | n/a | 20250527000CDM265103 | 7/1/2025 | 6/30/2027 | n/a | \$484,110.76 |
| MaineHealth dba Healthy Community Coalition | CD0-26-5166 | n/a | 20250527000CD0265166 | 7/1/2025 | 6/30/2027 | n/a | \$112,703.53 |
| Coastal Recovery Community Center | CD4-26-5178 | n/a | 20260121000CD4265178 | 7/1/2025 | 6/30/2027 | \$129,067.34 | \$129,067.34 |
| Opiate-Free Island Partnership | CD7-26-5179 | n/a | 20260121000CD7265179 | 7/1/2025 | 6/30/2027 | \$96,569.62 | \$96,569.62 |
| Total Items amended | 3 | | | | Totals | \$354,295.38 | \$3,875,659.58 |