



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:	Maine CDC Division of Disease Prevention, Chronic Disease Prevention		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:	CD5-26-4501		
Agency Department Code:	10A	Advantage CT / RQS #:	20251029000CD5264501
Amount: (Contract/Amendment/Grant)	\$49,998.00		
CONTRACT	Proposed/Original Start Date:	1/1/2026	Proposed/Most Recent End Date: 6/30/2026
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:	Redington Fairview, Skowhegan, ME		
Brief Description of Goods/Services/Grant:	Develop screenings for at risk patients (cardiovascular) and standardize e-referral platform for social and health services in Somerset County.		

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 checked="" type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input 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 Cardiovascular Health program is tasked with identifying high need areas and implementing strategies to reduce the risk of cardiovascular disease. Somerset County is identified as having the second highest prevalence (41.2%) of Hypertension and high Cholesterol (40.7%) in Maine. Additionally, Somerset was chosen as it has the second highest percentage of its total population that is food insecure. Somerset Public Health will work to create a food insecurity social determinant of health screening that can be standardized for local community organizations. They will implement the screening into Reddington-Fairview's Electronic Health Record and gather information on needed SDOH domains and utilization. They will train their clinical and community partners on the formal referral process in order to track and maintain bi-directional e-referrals.
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.	Somerset Public Health is uniquely positioned within Reddington Fairview Hospital (RFH) allowing for stable foundation when developing a standardized e-referral process. An electronic health record is available for use at both the hospital and public health system and creates a space for a food insecurity screening to be implemented and monitored. Somerset has also noted staff capacity for project implementation including a coordinator, CHW, and care manager. Developed relationships with primary care practices within RFH allow for a smooth transition for referrals to community based organizations and creates sustainability for standardization of bi-directional e-referrals. Bi-directional e-referral is a required strategy within cooperative agreement CDC-RFA-DP-23-0004.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The negotiated costs and rates align with current market value and previous vendors for health behavior related programs and strategies.
4. Describe the plan for future competition for the goods or services.	The Department does not intend to RFP these services currently, as this is a one time funding opportunity.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

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

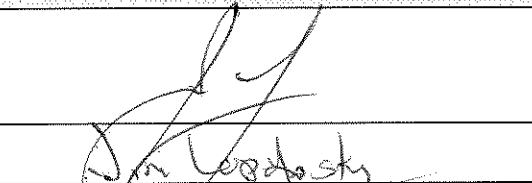
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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:	John Legadosky	Date:	24 - Nov - 25

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: 		
Typed Name:	Kathy Paquette	Date:	1/8/2026