



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 Center for Disease Control and Prevention / Department of Disease Prevention / Alzheimer's Disease and Related Dementias Program	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Storm Dexter	
(If applicable) Department Reference #:		CD0-26-4546	
Agency Department Code:	10A	Advantage CT / RQS #:	CT-10A-20251030000CD0264546
Amount: (Contract/Amendment/Grant)		\$134,000.00	
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date: 9/30/2027
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:		Alzheimer's Disease and Related Disorders Association Inc, Chicago, IL	
Brief Description of Goods/Services/Grant:		Alzheimer's Disease and Related Dementias statewide evidence-based education and communication	

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 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 purpose of this contract is to ensure the delivery of coordinated, evidence-based statewide education and communication, including the dissemination of dementia-related data and implementation of a public awareness campaign. As required by the U.S. Centers for Disease Control and Prevention (U.S. CDC) Building Our Largest Infrastructure (BOLD) grant, the Maine CDC's Alzheimer's Disease and Related Dementias (ADRD) Program is responsible for implementing strategies to reduce dementia risk and expand public and provider education to address the increasing prevalence of ADRD in Maine. These services are necessary to ensure consistent ADRD-related messaging, reach high-burden communities, and direct individuals to appropriate resources.

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.

The U.S. CDC designated the Alzheimer's Disease and Related Disorders Association as the BOLD Public Health Center of Excellence on Dementia Risk Reduction, making it the sole national organization addressing ADRD risk reduction in the general population. In Maine, the Association operates the state's primary dementia information and referral helpline, collects and analyzes state-specific ADRD data, and disseminates evidence-based educational materials and messaging recognized by the U.S. CDC and other public health agencies. It is the only provider that unifies national ADRD resources, state-specific data, and community-level outreach to ensure consistent education and support across Maine. The Alzheimer's Disease and Related Disorders Association is the only organization with the infrastructure and nationally recognized, evidence-based resources necessary to deliver the scope of services required under this contract.

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

The rates for services in this contract are consistent with prior Maine CDC agreements for similar statewide public health education and communication services. In addition, the Alzheimer's Disease and Related Disorders Association will provide in-kind contributions of time and services equal to 30% of the contract value, which enhances the overall value and demonstrates that the cost is fair and reasonable.

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

The Department does not intend to competitively bid this service because the Alzheimer's Disease and Related Disorders Association is the only organization currently delivering these specific services. The Department will continue to monitor program needs and vendor capacity and will pursue competitive procurement if additional organizations performing similar work with this population emerge in the future.

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

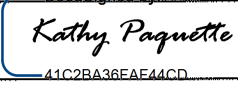
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Date:	8-Dec-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:  41C2BA36FAE44CD		
Typed Name:	Kathy Paquette	Date:	1/14/2026