



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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 / Disease Prevention and Control			
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Lyndsay Frank			
(If applicable) Department Reference #:	CD0-25-4434			
Amount: (Contract/Amendment/Grant)	\$ 30,000.00	Advantage CT / RQS #:	CT-10A-20241217000CD0254434	
<b>CONTRACT</b>	Proposed Start Date:	12/1/2024	Proposed End Date:	5/31/2025
<b>AMENDMENT</b>	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Apriqot Scarborough, Maine			
Brief Description of Goods/Services/Grant:	Model the distribution of un-insured and under-insured populations within the state to target outreach for program services.			

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. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Both the Colorectal Cancer Program and the Breast and Cervical Cancer Program are required to recruit and provide services (screening and diagnosis) to un-insured and under-insured individuals within the state. Identifying and recruiting these clients has been challenging to meet CDC benchmarks. This effort will identify where targeted efforts can be initiated to recruit those individuals.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>Apriqot is a new start up providing predictive modeling using demographic techniques applied to public health problems. These techniques allow them to use multiple data sources to extend existing data at the county level to drill down to smaller geographic units. Apriqot is the only business we are aware of in the United States as this is a very new strategy. This project will use existing federal data sources on insurance within the country at the county level, in combination with census data to predict under and un-insured rates at lower geographic units (town or census block).</p> <p>Apriqot is uniquely qualified to perform this analysis because the task requires technical expertise in small area estimation, geographic downscaling, and facility with a range of federal data sources; this is Apriqot's core expertise. Apricot has extensive experience conducting such work in a public health practice. For example, they recently completed ADRD estimation work for the Maine CDC, where they successfully integrated federal data sources with state-specific health data to produce detailed, actionable insights for public health decision-making. The proposed work builds on this previous engagement. They are the only company currently developing highly detailed demographic models of Maine's population that integrate cutting-edge geographic and health data tailored for public health use cases. As such, Apriqot is the only company capable of providing the necessary information in a timely manner.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Costs were identified based on discussion with the vendor and were discounted to fit the program budget.
4. Describe the plan for future competition for the goods or services.	This is a one-time service.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
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) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

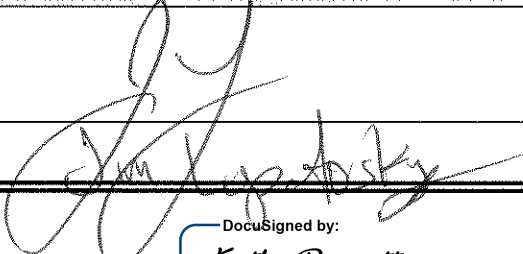

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	30 Jan 25
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36EAE44CD		
Typed Name:	Kathy Paquette	Date:	2/10/2025