



## 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/Division of Disease Prevention/Diabetes Prevention and Control Program			
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Storm Dexter			
(If applicable) Department Reference #:		CD0-25-4423			
Amount: (Contract/Amendment/Grant)		\$20,000.00	Advantage CT / RQS #:		CT-10A-20241028000CD0254423
<b>CONTRACT</b>	Proposed Start Date:	1/1/2025	Proposed End Date:	6/29/2025	
<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:		Central Maine Area Agency on Aging DBA Spectrum Generations, Augusta ME			
Brief Description of Goods/Services/Grant:		Education and support for management of diabetes.			

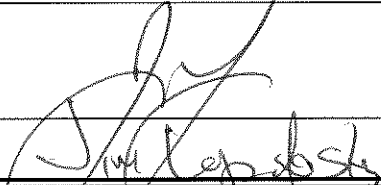

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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.	<p>This agreement provides funding to directly support performance measure outcomes for Maine Center for Disease Control and Prevention’s grant CDC-RF-DP-23-0020. After Diabetes Self-Management and Education Services (DSMES) participants complete DSMES education, the Program is encouraging them to participate in Diabetes Support Programs like Living Well with Diabetes (LWD) to receive extended education on managing diabetes. The Provider shall build awareness and capacity for program partners to offer LWD programs and share LWD enrollment data, including participation from priority populations to the Program.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>Healthy Living for Maine is focused on developing a network of community-based organizations (CBOs) and healthcare providers to administer evidence-based Falls Prevention and Chronic Disease Self-Management Education programs, including Living Well with Diabetes. Healthy Living for Maine is the only organization holding the required license (multiple entities) from Self-Management Resource Center to establish living well with Diabetes virtually and in person. CDC-RF-DP-23-0020 highlights strategies to improve access and equity in diabetes support programs. With this contract, the Program will engage other contracted partners to work with Healthy Living for Maine to establish more diabetes support programs in Maine.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The negotiated rates align with current market value and previous vendors for implementation of health behavior related programs and strategies.</p>
4. Describe the plan for future competition for the goods or services.	<p>The program does not intend to RFP these services currently, as Health Living for Maine is the sole licensing (multiple entities) provider to deliver virtual and in person Living Well with Diabetes in Maine.</p>

<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.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<p><i>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.</i></p>	
<input checked="" type="checkbox"/> 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):			Date: 16-Dec-24
Typed Name:			
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	2/10/2025