



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/ CDC/ MCH		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Stephanie Wood		
(If applicable) Department Reference #:		CD0-26-4296		
Agency Department Code:	10A	Advantage CT / RQS #:	20260109000CD0264296	
Amount: (Contract/Amendment/Grant)		\$30,000.00		
CONTRACT	Proposed/Original Start Date:	1/1/2026	Proposed/Most Recent End Date:	7/30/2026
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:		Maine Chapter of the American Academy of Pediatrics Manchester, ME		
Brief Description of Goods/Services/Grant:		This contract is to strengthen and expand the trauma-informed learning collaborative which increases the ability of providers to offer trauma informed comprehensive treatment.		

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
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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 Agreement is to support and advance the Trauma-Informed Care (TIC) Learning Collaborative established by the Maine Chapter of the American Academy of Pediatrics (Maine AAP) in 2024 as a limited, one-time project. In this Agreement, the Maine AAP will strengthen and expand its statewide collaborative focused on building a trauma-informed pediatric system that promotes early relational health and improves outcomes for children with special health care needs.

Pediatric providers and community-based partners across Maine play a critical role in addressing persistent statewide barriers, including limited access to care in rural regions, gaps in culturally and linguistically appropriate services, and inconsistent care coordination for families navigating multiple health and social service systems. The TIC Learning Collaborative seeks to address these challenges by fostering cross-sector collaboration and shared learning.

The partnerships established under this Agreement enable the Maine AAP and the TIC Learning Collaborative to extend trauma-informed resources, education, and training into communities experiencing the greatest inequities and to ensure that TIC approaches reflect the diverse cultural, linguistic, and social needs of Maine families.

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 Maine Chapter of American Academy of Pediatricians is the only medical academy that focuses solely on providing support and educational opportunities to pediatricians in Maine.

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

The costs were negotiated based on similar services provided previously, which compares with historical prices for these types of services. The funding for this opportunity has limited availability (expires 7/30/2026).

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

This is a one-time project that is funded through the Early Childhood Comprehensive Systems (ECCS) grant. This funding is time-limited and ends on July 30, 2026.

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

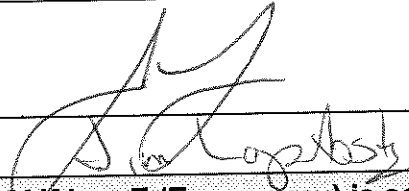
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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

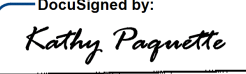
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date: 4 Feb 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: 	
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date: 2/9/2026