



### 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	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell	
(If applicable) Department Reference #:		CD0-25-4547A	
Agency Department Code:	10A	Advantage CT / RQS #:	20241009000CD0254547
Amount: (Contract/Amendment/Grant)		Amend A: \$20,000.00 Revised: \$70,000.00	
CONTRACT	Proposed/Original Start Date:	1/1/2025	Proposed/Most Recent End Date: 6/29/2026
AMENDMENT	New Effective Date:	1/1/2026	New End Date (if Applicable): No change
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		United Way Inc DBA United Way of Southern Maine, Portland, ME	
Brief Description of Goods/Services/Grant:		Administrative Support for Maine Community Information Exchange	

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 checked="" 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 amendment is to implement a pilot that tests cross-sector collaboration and shared referral workflows in a real-world setting between health care and social service providers. The goal is to create a functional, replicable model that informs broader efforts to build infrastructure for a statewide Maine CIE. As part of the amendment, United Way of Southern Maine will engage a select group of healthcare and community partners, test real-world use cases for care coordination, implement shared referral tools and basic data-sharing protocols, monitor referral activity and key outcomes, and document and share key learnings.**

Maine currently has many electronic referral platforms used by state, healthcare, and community-based organizations that are unable to exchange information with one another. The Maine Community Information Exchange (Maine CIE) seeks to connect these fragmented systems, by establishing a network of partners that use a shared language, resource database, and integrated technology to facilitate closed loop referrals and integrate data from multiple sources. The Maine CIE is the only initiative of its kind that looks to build a statewide information and services ecosystem that responds to the health and social needs of individuals and communities. In the long-term, the Maine CIE would increase the number of patients from priority populations (individuals over the age 65, low income, Black African American, American Indian Alaskan Native, living in rural areas, and immigrants, refugees, or asylum seekers) referred to diabetes prevention and self-management programs in Maine, a key performance measure established by US CDC as part of a cooperative funding agreement with Maine CDC's Diabetes Prevention & Control Program.

The infrastructure needed for Maine CIE implementation and operations does not yet exist. A wide range of partners have participated in two phases of planning since 2020, including Maine 211, Health Info Net, Northern Light, MaineHealth, Maine Council on Aging, Maine DHHS, York County Community Action Corporation, Maine Health Access Foundation, Seniors Plus, Eastern Area Agency on Aging, Spectrum Generation, Disability Rights Maine, Penobscot Community Health Center, Community Caring Collaborative, and Good Shepherd Food Bank. This group of multi-sector partners have been involved in planning efforts and have established a board of directors to oversee development of the Maine CIE.

Through this contract, Maine CDC seeks to support the next stage of planning, by providing one-time funding to the United Way of Southern Maine to deliver administrative support to the Maine CIE board, with a focus on establishing a governance structure, guiding principles, core partners, and financial plan for a future Maine CIE. This stop-gap funding will assist with the next stage of Maine CIE development. The Department does not intend to fund future operations or infrastructure of the Maine CIE. As part of the contract, the United Way of Southern Maine will create a financial plan to support Maine CIE operations, which entails identifying other funding sources.

**PART III: SUPPLEMENTAL INFORMATION**

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 Board of Directors for the Maine CIE have identified United Way as the most appropriate entity to host its next stage of planning after engaging the group of partners listed above. United Way of Southern Maine manages Maine’s 211 resource directory, making them an ideal back bone organization for coordinating the continued development of the CIE model.

As the lead organization providing administrative support for the Maine CIE, United Way of Southern Maine would be best positioned to facilitate a pilot project. United Way of Southern Maine is the only entity that has existing relationships with key partners, knowledge of the core requirements of the Maine CIE, staff capacity, and buy-in from the Maine CIE Board, that are needed for the successful implementation of the pilot in a short period (4 months).

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

Costs associated with this agreement align with current market values and are similar to other vendors who provide planning and administrative support services.

The costs associated with amended contract still align with current market values and are similar to other vendors implementing pilots.

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

As this is a one-time funding opportunity, the Department does not intend to RFP these services.

The amended contract will still have the same end date as the original agreement. The plan for future competition has not changed.

**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**

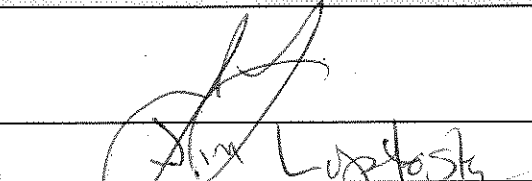
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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

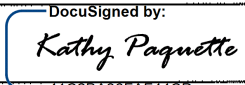
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Alex Lopez	Date:	21-Jan-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:	Kathy Paquette	Date:	2/24/2026