



## 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/MCDCP/BRFSS		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger		
(If applicable) Department Reference #:	CD0-24-1255C		
Agency Department Code:	10A	Advantage CT / RQS #:	CT 10A 20230823000000000503
Amount: (Contract/Amendment/Grant)	Amend C: \$689,054.72 Total: \$1,969,603.65		
CONTRACT	Proposed/Original Start Date:	1/1/2024	Proposed/Most Recent End Date: 12/31/2025
AMENDMENT	New Effective Date:	1/1/2026	New End Date (if Applicable): 12/31/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	LOGIT, U.S. INC Grundy, Virginia		
Brief Description of Goods/Services/Grant:	BRFSS Data Collection		

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 continue BRFSS data collection in 2026 while the Department completes the competitive process through RFP# 202510143. BRFSS data collection is funded and required under cooperative agreement NU58DP007859 between the Maine DHHS and the Federal CDCP.**

The Provider shall contribute to fulfilling the Department's goal of helping to keep individuals as healthy as possible while increasing individual and public health participation in the prevention and treatment of the State's chronic health concerns, related to Cancer, Stroke, Obesity, Tobacco use, Asthma, Heart disease, and Mental health and substance use.

BRFSS is the nation's premier system of health-related telephone surveys that collect State data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS completes more than four hundred thousand (400,000) surveys each year, making it the largest continuously conducted health survey system in the world. All states collect BRFSS data to help them establish and track state and local health objectives, plan health programs, implement disease prevention and health promotion activities, and monitor trends. Maine will collect 10,000 surveys in 2026 through the implementation of this contract amendment.

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.

This service was procured through the RFP 202004069. The procurement under this RFP ends 12/31/2025.

To ensure no gap in services, the Department must extend this contract while the new RFP process is being completed. These data collection services require computer programming, computer program testing, and data quality checking. Splitting the year between vendors would lead to increased vendor costs for programming and increased workload for testing and data quality checking by Department staff. The full year timeline will ensure accuracy in the data collection and provide sufficient time for the new competitive process to be completed, and a new contract executed prior to the administration of the 2027 BRFSS.

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

The costs and rates of LOGIT U.S. are consistent with the initial RFP, are considered fair and reasonable and the best value for the Department. An informal survey of other state's BRFSS vendor costs includes several states with significantly higher costs than offered to Maine by Logit.

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

The Department has initiated an RFP for these services with a contract start date of 10/1/2026, and allow time for a transition in services if a new vendor is selected.

### 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**

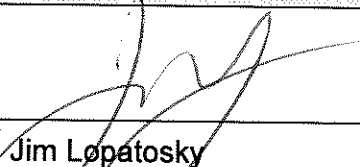
*Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.*

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:	Jim Lopatosky	Date: 4 Feb 20

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:	Nancy Tan	Date: 2/9/2026