



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/Rural Health and Primary Care/Nicole Breton		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Stephanie Wood		
(If applicable) Department Reference #:	CD0-26-2251A		
Agency Department Code:	10A	Advantage CT / RQS #:	CT 20250715000CD0262251
Amount: (Contract/Amendment/Grant)	Amd. A: \$157,000.00 Revised: \$426,252.00		
CONTRACT	Proposed/Original Start Date:	9/1/2025	Proposed/Most Recent End Date: 8/31/2027
AMENDMENT	New Effective Date:	1/1/2026	New End Date (if Applicable): N/A
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	New England Rural Health Association (NERHA) Barre, VT		
Brief Description of Goods/Services/Grant:	New England Performance Improvement Healthcare Collaborative and education and training for health professionals in rural areas		

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 increase existing activities that were previously approved to be completed by New England Rural Health Association (NERHA) through a carryover request by the Federal Office of Rural Health Policy. These one-time additional funds will support activities including but not limited to leadership training for Emergency Management Service agencies, hospital executive and financial leadership, and nurses located in areas of Maine identified as rural regions.

The Department received grant funding to specifically address multi-state rural healthcare challenges, such as the Dental, Hospital and Clinic financial transition to value-based purchasing and the sustainability of essential health care services such as telehealth. The NERHA provides technical assistance to include network and facilitation to rural health care facilities. The development of evidence-based strategies for improving small and rural hospitals, and dental health care centers to provide operational performance, collect rural healthcare data across the New England states and coordinate educational opportunities to support a volume license for professional certifications of health professionals working in rural areas

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.

As a grant partner the NERHA coordinates the many activities for this multi-state collaboration including an Annual Symposium, coordination of the New England Performance Improvement Collaborative (NEPI) and Critical Assess Hospital (CAH) professional education/certification for Quality Improvement/Infection Control/Patient Safety/Value-Based Purchasing through the Institute for Health Care Improvement (IHI) Open School. No other entity within the New England States has the unique business attributes as well as the stated mission or expertise to provide these services to the HRSA Flex Program recipients from the New England States.

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

The administrative and operational costs of the NERHA are divided among the New England States. This collaborative reduces per State costs while increasing resources that are available to Maine's Healthcare providers and other stakeholders that would otherwise be unavailable in a single-state project. The NERHA reduces duplication of limited resources and improves efficiency to accomplish its work across the State.

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

The Department does not intend to competitively bid these services.

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

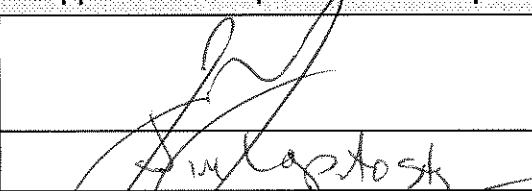
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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:	<i>Kim Lapostola</i>	Date: <i>17-Feb-26</i>

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: <i>Kathy Paquette</i>	
Typed Name:	Kathy Paquette	Date: 2/25/2026