



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
 STATE OF MAINE

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:		CDC/DHHS/Public Health Emergency Preparedness	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		OIT-26-1306	
Agency Department Code:	10A	Advantage CT / RQS #:	20251216000OIT261306
Amount: (Contract/Amendment/Grant)		\$214,900.00	
CONTRACT	Proposed/Original Start Date:	9/1/2025	Proposed/Most Recent End Date: 12/31/2026
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 Hospital Association Augusta, Maine	
Brief Description of Goods/Services/Grant:		Hospital Capacity System	

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

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 Contract is to provide the Department access to the Hospital Capacity System. This system provides real-time information on healthcare capacity and hospital bed availability as a critical function to responding to public health emergencies.

Public health emergencies and disaster events of catastrophic proportion have exposed significant weakness within the nation’s public health and health care systems ability to prepare for, respond to, and recover from emergencies and disaster that exceed the day-to-day capacity and capability to existing public health and health care emergency response systems.

The U.S. Department of Health and Human Services, Administration for Strategic Preparedness and Response (ASPR) federally mandated States to lead the country in preparing for, responding to, and recovering from the adverse public health effects of emergencies and disasters in accordance the Public Health Service Act (42 USC § 247d-3a and 3b) sections 319C-1 and C-2. As a part of this effort, the Department seeks to establish effective monitoring policies assisted by software services which allow the Department to keep continuous, up-to-date, and actionable hospital resource data.

The Federal Centers for Disease Control and Prevention requires every state health department to implement a system designed to track hospital beds and other critical resources in real-time

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 Hospital Association is uniquely capable of providing limited, revocable, non-exclusive and non-transferable right to access, use and operate the Hospital Capacity System and any software provided or made accessible by Apprise in connection with the Hospital Capacity System as an end-user. The subcontract associated with this agreement represents access to the proprietary Hospital Capacity System.

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

The Department will incur only a portion of overall costs associated with access to this proprietary system available exclusively through the selected vendor. This represents a value to the Department and affords access to a comprehensive software solution that will assist in accomplishing Department goals.

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

At this time, solution described is a Single Source/Unique product. The department will re-evaluate available marketplace options if all the hospitals aren't using the same tool.

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

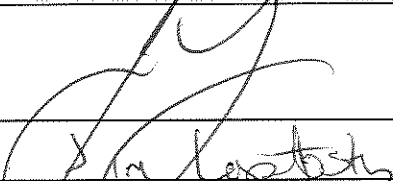
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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:	<i>John Laporte</i>	Date: 2 - Mar - 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: <i>Lauren Mounouris</i>	
Typed Name:	Lauren Mounouris, IT Procurement Systems Analyst	Date: 3/4/2026