



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/ Operations		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/ Stephanie Wood		
(If applicable) Department Reference #:		CD0-26-1151		
Agency Department Code:	10A	Advantage CT / RQS #:	BPO 10A 20260209000000001268	
Amount: (Contract/Amendment/Grant)		\$16,000		
CONTRACT	Proposed/Original Start Date:	5/1/2026	Proposed/Most Recent End Date:	1/31/2027
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:		University of Massachusetts Chan Medical School Worcester, MA		
Brief Description of Goods/Services/Grant:		Digital Library Annual Subscription Fee		

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.

In order to provide evidence-based public health services, Maine CDC employees need access to scientific journals, electronic reference books and databases of the public health evidence-base. A recent survey of Department staff, less than 40% of respondents reported having access to journals and other professional literature through their Office, and 47% reported having no access, whereas 90% reported they have a need for such resources. The University of Massachusetts Medical School has been able to negotiate cost-effective access to a wide variety of journals and e-books. This subscription will enable Maine to access this vast digital library. For the previous year, it is estimated that the cost per issue to access resources in the PHDL was approximately \$1, for journals that would typically cost \$100 or more per year.

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 University of Massachusetts Medical School has previously been awarded national funding to develop the only known digital public health library accessible to professionals outside of their institution as part of the National Public Health Coordination Office, National Network of Libraries of Medicine. They are the only entity to provide electronic access to a digital library with this breadth of resources. While the Maine State Library may have subscriptions to some of the resources in the digital library, they would not have the resources to subscribe to the extensive collection in the Digital Public Health Library.

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

The National Public Health Coordination Office, National Network of Libraries of Medicine has set this subscription price, based on the negotiated subscription rates and infrastructure costs they incurred as well as the number of subscribers to this service. Negotiation was not possible. Via the national grant funding, the Digital Library was made available to Maine and a limited number of other states for several years without cost as a pilot. The infrastructure for the Public Health Digital Library was paid for via federal funding and, therefore, this service is now available to us at a lower cost than a competitor is likely to be able to set up a similar service. UMass is able to negotiate a lower subscription rate with publishers because of the number of states participating.

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

The Department will evaluate any available competitive digital library options at the end of the subscription period.

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

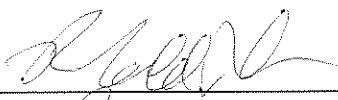
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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:	R. Todd Hayes	Date:	2/18/2026

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:			
Typed Name:	Justin Franzose	Date:	3/18/2026