



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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:		MCDCP/MBCHP	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Brianne Carrero	
(If applicable) Department Reference #:		CD0-26-4560	
Amount: (Contract/Amendment/Grant)		\$15,000.00	Advantage CT / RQS #: CT-10A-20250319000CD0254560
CONTRACT	Proposed Start Date:	4/1/2025	Proposed End Date: 6/30/2026
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Family Planning Association of Maine	
Brief Description of Goods/Services/Grant:		Provider Network Quality Improvement	

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. University 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.

This agreement is part of a 12-month pilot project to meet U.S. CDC Cooperative Agreement DP22-2022 deliverables and to gather evidence that will help direct future Maine CDC Breast and Cervical Health Program (MBCHP) work. This agreement is funded by the state match portion of the grant.

DP22-2022 requires implementing breast and cervical cancer screening clinical level interventions at primary care practices/clinics within the MBCHP Provider Network. This pilot project will be used to gather evidence on the effectiveness and success integrating MBCHP program enrollment and prevention service scheduling directly within practices/clinics.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

MBCHP is working with practices/clinics within the MBCHP Provider Network to de-centralize MBCHP program enrollment and prevention service scheduling by developing and implementing an integrative workflow process to increase MBCHP enrollment and, ultimately, breast and cervical screenings. MBCHP will be providing technical assistance to develop and implement an MBCHP enrollment and screening protocol that can be effectively and efficiently integrated into the clinical workflow process.

The Department will sole source this pilot project with the vendor, Family Planning Association of Maine, for the following reasons:

- The provider is within the MBCHP Provider Network.
- The provider has a high MBCHP eligibility rate within their primary population of focus.
- The provider maintains a strong statewide network of clinics providing a large and diverse sampling of project effectiveness.
- The provider has clinic locations relevant to areas of high breast and cervical incidence.

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

The contract is deliverables-based, with each task identified by a due date and a specific dollar value. The costs are fair and reasonable based upon other agreements with similar target goals. MBCHP will only approve a properly submitted invoice, if the deliverable has been completed satisfactorily and on-time.

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



This pilot project will be used to evaluate the integration of MBCHP programmatic services within the provider network versus completely centralized within the MBCHP office. The development, implementation and review of findings from the project will directly shape MBCHP's decision to integrate an MBCHP protocol into all network provider's clinical workflow.

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) – 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 signatory understands and acknowledges Maine's Conflict of Interest statutes.**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date: 17-Apr-25
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...	
Typed Name:	Kathy Paquette	Date: 4/29/2025