



## 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 / Maine CDC / Disease Prevention		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Nicole Mitchell		
(If applicable) Department Reference #:		CD9-25-4425B		
Agency Department Code:	10A	Advantage CT / RQS #:	CT-20240626000CD9254425	
Amount: (Contract/Amendment/Grant)		Amend B: \$50,000.00 Revised: \$1,133,978.00		
CONTRACT	Proposed/Original Start Date:	7/1/2024	Proposed/Most Recent End Date:	6/30/2026
AMENDMENT	New Effective Date:	12/1/2025	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:		Wabanaki Public Health and Wellness, Bangor, Maine		
Brief Description of Goods/Services/Grant:		Maine Prevention Network Service, administration of Public Health Prevention Services, focusing on tobacco, substance use, and obesity prevention.		

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 funding being allocated in this amendment is by the Maine CDC to Maine Prevention Network partner, Wabanaki Public Health & Wellness, who will be distributing this funding to the middle schools that they are working with. This amendment & additional funding reflects a refinement of program implementation details that became clear following initial rollout of the Tobacco/Nicotine School Treatment Initiative & further coordination between Maine CDC & Maine Prevention Network partners.**

In FY26, the school treatment initiative remained limited to the 17 high schools that existed under the prior vendor's oversight. This limitation was due to the fact that the program constituted a new body of work for Maine CDC to provide oversight for & was also a new initiative for Maine Prevention Network partners to administer. The initiative was further limited under the Institutional Review Board protocol that was approved through the University of Southern Maine's Office of Research Integrity and Outreach.

Maine Prevention Network Districts 1 through 8 all had at least one participating high school that existed in their catchment area. Challenges with equitable delivery of the initiative arose when it was noted that District 9, served by Wabanaki Public Health & Wellness, did not have any tribal high schools in Maine that could be served under school treatment. Additionally, there is no evidence-based direct service tobacco/nicotine treatment program in existence for middle school students in the United States. Due to this gap, Maine CDC was unable to approve District 9 to administer the tobacco/nicotine treatment initiative with the five tribal middle schools they support in Maine.

The Maine CDC & Maine Prevention Network District 9 partners discussed potential programming alternatives that would allow Wabanaki Public Health & Wellness to utilize the available funding and meaningfully serve their schools outside of the tobacco/nicotine treatment space. With support from the Maine CDC, Wabanaki Public Health & Wellness opted to use the funding to culturally adapt an existing evidence-based tobacco/nicotine prevention curriculum & expand the reach & depth of their prevention programming across the five tribal middle schools they support.

This adaptation has allowed MPN District 9, served by Wabanaki Public Health & Wellness, to receive the same level of MPN Tobacco funding as their District peers & participate meaningfully in the breadth of opportunities & programming available. In conjunction, this adaptation provides an equitable solution in support of community programming to the extent that is possible.

Moreover, the 2025 Maine Integrated Youth Health Survey Middle School Detailed reports note that the percentage of students who smoked cigarettes or cigars; used an electronic vapor product; or used chewing tobacco, snuff, dip, or dissolvable tobacco products on one or more of the past 30 days was 10.9% among American Indian or Alaskan Natives, roughly double the state average.

The additional \$10,000 per participating middle school is intended to support this adapted scope of work & ensure consistent, equitable implementation of the expanded middle school prevention education initiative in the five tribal middle schools served by Wabanaki Public Health. This funding

**PART III: SUPPLEMENTAL INFORMATION**

aligns with the funding being incorporated into MPN District 1-District 8 to support the seventeen schools within the school treatment program across the state.

Incorporating this funding through an amendment allows Maine CDC to formally align contractual language with the current program structure, strengthen oversight of the adapted & expanded middle school prevention work, & clearly document the expectations and allowable uses of funds associated with school-level participation. This funding supports additional work effort related to coordination with schools, administrative planning, & promotion required for successful implementation of the adapted & expanded middle school prevention work at the community level. Providing these funds is necessary to ensure both health equity & the continuity of these services.

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 Department issued RFP 202207119 for Public Health Districts 1-8. An Evaluation Team evaluated the Bidders Qualifications and Experience, Proposed Services, and Cost Proposal in awarding contracts to providers in Districts 1-8.

“Wabanaki Public Health & Wellness (District 9) was included as one of the public health district community partners serving the Maliseet, Mi’kmaq, Passamaquoddy, & Penobscot Tribal Communities. The Maine Prevention Network is structured to achieve outcomes resulting from all 9 public health districts contributing to measurable improvement in health indicators across the State. To that end, District 9 was also included to implement primary prevention programming at the District level.

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

The amount that is being added to District 9 is in the amount of \$10,000.00 per tribal middle school that Wabanaki Public Health & Wellness is serving. Under the previous iteration of the school treatment initiative under the Center for Tobacco (CTI), each participating school was allocating funding based on the timing of their sign on to the program. This funding ranged from \$7,500.00 to \$20,000.00.

Once the program oversight was moved under Maine CDC’s Tobacco Prevention & Control Program, it was determined that MPN partners could continue to support costs incurred by the schools as a component of the initiative in FY26. Since all schools that previously participated signed on for FY26, the department determined that each school should be supported in equal amounts & \$10,000.00 was identified because it fell between the \$7,500.00 & \$20,000.00 amounts that had previously been used to support schools.

For the purposes of health equity and in alignment with the other Maine Prevention Network Districts, this amendment adds \$10,000.00 for each tribal middle school that is implementing the culturally adapted & expanded middle school prevention education curriculum.

<p><b>District 9-Tribal</b> \$50,000.00 (5 Schools)</p>
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4. Describe the plan for future competition for the goods or services.

These services will be competitively procured for a 7/1/2032 contract start date, and the next procurement cycle will include District 9.

**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**

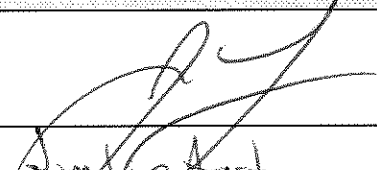
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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:	Jim Paquette	Date: 23-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: 	
Typed Name:	Kathy Paquette	Date: 4/22/2026