



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 \$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:	DHHS / Maine CDC / PHEP John Hernandez		
Department Contract Administrator or Grant Coordinator:	Althea Harris / Melinda Farrell		
(If applicable) Department Reference #:	CD0-26-1351		
Amount: (Contract/Amendment/Grant)	\$360,000.00	Advantage CT / RQS #:	CT 10A 20250324000CD0261351
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2027
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:	City of Portland Portland, Maine		
Brief Description of Goods/Services/Grant:	The Cities Readiness Initiative is responsible for the emergency distribution of life saving medication in Maine's most populated counties of York, Cumberland, and Sagadahoc which comprises Maine's Federally designated Metropolitan Statistical Areas (MSA).		

### 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 to ensure that the Department can maintain its ability to receive, stage, and distribute life-saving medications to Maine's largest population centers at public Points of Dispensing (PODs) to contain and prevent the spread of an infectious disease or an intentional act of terrorism that releases chemical, biological, or radiological agents into the environment. The activities required to maintain this capability is managed and coordinated by the Provider within the Cities Readiness Initiative (CRI) Metropolitan Statistical Area (MSA). The MSA includes York, Cumberland, and Sagadahoc Counties.

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

The City of Portland's Public Health Division has provided the Department with exemplary service and is the only organization in the federally designated MSA that has the resources, i.e., highly trained and experienced medical countermeasure and medical material management personnel. The City of Portland is the only agency that meets all requirements to perform this work. Maine CDC does not have the capacity to do this work internally.

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

The Department determined the costs to be fair and reasonable after negotiating an agreement with the Provider.

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

The Department does not intend to competitively procure 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) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

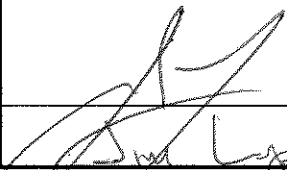

### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

*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:	<i>Sam Lapointe</i>	Date:	<i>7 - May - 25</i>
Signature of DAFS Procurement Official:	 <small>DocuSigned by</small> <i>Kathy Paquette</i> <small>41C2BA36FAF44GD...</small>		
Typed Name:	Kathy Paquette	Date:	5/20/2025