



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/Population Health Equity	
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Nicole Mitchell	
(If applicable) Department Reference #:		CD0-25-1120 A	
Agency Department Code:	10A	Advantage CT / RQS # :	CT 20250127000CD0251120
Amount: (Contract/Amendment/Grant)		Amendment A: \$111,375.00 Revised Amount: \$566,261.00	
CONTRACT	Proposed/Original Start Date:	2/1/2025	Proposed/Most Recent End Date: 1/31/2026
AMENDMENT	New Effective Date:	8/1/2025	New End Date (if Applicable): 5/31/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Public Consulting Group, LLC Boston, MA	
Brief Description of Goods/Services/Grant:		Grants Management Services to support Maine Department of Health and Human Services' Initiative to address COVID-19 Health Disparities and Contract Management and Vendor Oversight-Program Assistance (PA) Staff Augmentation for MECDC Operations.	

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 purpose of this amendment is to accomplish the following:

- Extend contract end date from 1/31/2026 to 5/31/2026.
- Extend Program Assistance (PA) Staff Augmentation component of contract from its original end date of 6/30/2025 to a new end date of 1/31/2026. PA Staff Augmentation services consist of supporting Maine CDC's Office of Administration, Operations / Grants and Contracts Team with managing Maine CDC contracts in the CADB System by coordinating with programs and Maine CDC Administration. PA Staff Augmentation services need to be extended through 1/31/2026 to support the Grants and Contracts Team during a continued period of staff vacancy.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

These services underwent the competitive procurement process through RFP#202108128. The Department did not receive any proposals. The Provider was approached and agreed to provide services.

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

The vendor provided a cost proposal and subsequently negotiated with DHHS leadership to ensure that the proposal was reasonable given the scale of need.

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

This is a one-time funding for two (2) years that received an extension. If PA Staff Augmentation services are needed after this extension, the Department will submit another amendment to this contract to extend PA Staff Augmentation services to align with the overall contract end date of 5/31/2026.

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).

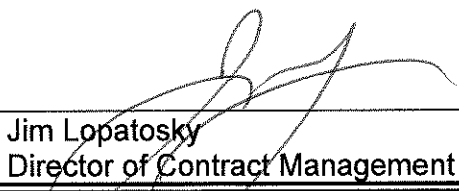
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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 signature below indicates approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	27-Aug-25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification			
The signature below indicates approval by the Commissioner or designee of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	 Signed by: <i>Kathy Blais</i> 41C2BA36FAF44CD...		
Typed Name:	kathy blais	Date:	5/6/2026