



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 Division of Disease Prevention/ Chronic Disease Prevention		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/ Storm Dexter		
(If applicable) Department Reference #:		CD0-26-4211		
Agency Department Code:	10A	Advantage CT / RQS # :	CT-10A-20260306000CD0264211	
Amount: (Contract/Amendment/Grant		\$79,999.00		
CONTRACT	Proposed/Original Start Date:	3/1/2026	Proposed/Most Recent End Date:	6/30/2026
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:		Maine Access Immigrant Network (MAIN), Portland, ME		
Brief Description of Goods/Services/Grant:		Self-measured blood pressure programming with CHWs and internal medicine residents		

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.

The purpose of this Contract is to reduce the prevalence of high blood pressure via clinical support and education for at risk individuals. Maine Access Immigrant Network will partner with MaineHealth internal medicine residency program to host community "Ask a Doctor" sessions while congruently offering self-measured blood pressure readings with community health workers. Sessions will include culturally competent education outreached focused on primary and secondary prevention efforts such as diet, exercise, and medication adherence. IM Residents will provide counseling on perceived risk of high blood pressure, individual impact of cardiovascular disease diagnosis, and prevention techniques. Community health worker integration supports performance measures noted in CDC-23-0004, such by increasing the numbers of CHWs that provide a continuum of care for those at greatest risk of cardiovascular disease and secondly, increasing the number of adults that have access to self-measured blood pressure linked to clinical support.

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.

Maine Access Immigrant Networks catchment area reaches Portland and surrounding towns such as Westbrook, Scarborough, Yarmouth, Windham, Gorham, and Gray, areas not previously involved in strategy requirements for CDC-DP23-0004. Expansion meets the need of statewide reach for quality improvement projects for populations at highest risk of hypertension and stroke. MAIN has noted staff capacity for training and maintenance of blood pressure monitoring. CHWs are an integral part of the care team and will assist in patient outreach, follow-up and clinical integration, as required in CDC-DP23-0004. MAIN has established relationships with two clinical providers who are needed to complete educational sessions and successful patients outcomes in relation to blood pressure monitoring services.

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

The negotiated costs and rates align with current market value and previous vendors for health behavior related programs and strategies.

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

The Department does not intend to RFP these services at this time, as this is a one time funding opportunity.

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:		Date:	21-Apr-26

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:  41C2BA36FAF44CD...		
Typed Name:	kathy blais	Date:	5/7/2026