



### 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/ CDC/ MCH/Kimberly Gosselin	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Stephanie Wood	
(If applicable) Department Reference #:		CD0-26-4203	
Agency Department Code:	10A	Advantage CT / RQS #:	20260306000CD0264203
Amount: (Contract/Amendment/Grant)	\$25,000.00		
CONTRACT	Proposed/Original Start Date:	3/1/2026	Proposed/Most Recent End Date: 6/30/2027
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 Medical Association Manchester Maine	
Brief Description of Goods/Services/Grant:		Develop and host Perimenopause and Menopause educational materials for patients and providers	

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.

Public Law, Chapter 472, LD 1079, directs DHHS to partner with health care providers and community-based health systems to create and disseminate educational materials on perimenopause and menopause. The intent is to improve public understanding, promote early identification of symptoms, reduce stigma, and support informed health care decision-making across the lifespan.

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.

MMA serves as the statewide professional association representing physicians and other medical professionals in Maine and possesses unique qualifications that are essential to the successful performance of the required services. These qualifications include established access to licensed healthcare providers across multiple specialties, the ability to convene and oversee appropriate clinical subject-matter experts, and demonstrated experience in the development, review, and dissemination of evidence-based medical education materials.

MMA maintains existing infrastructure and platforms necessary to develop, host, and update educational content in accordance with current clinical standards and best practices. The use of MMA's established systems ensures consistency of clinical messaging, timely updates in response to evolving guidance, and broad dissemination to the intended provider and patient audiences throughout the State.

No other known vendor possesses the same combination of statewide physician representation, clinical oversight capability, subject-matter expertise, and existing dissemination infrastructure required to meet the scope of work.

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

The costs were negotiated based on similar services provided previously, which compares with historical prices for these types of services. The funding for this opportunity has limited availability as it was awarded through Chapter 472, LD 1079 and is only available as one time funding through June 30, 2027.

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

The Department does not intend to issue a Request for Proposal (RFP) for this service as the funding was awarded through Chapter 472, LD 1079 and is only available as one time funding through June 30, 2027.

### 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).

<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> 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:	<i>Kathy Blais</i>	Date:	<i>29-Apr-26</i>

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:	Signed by: <i>Kathy Blais</i>		
Typed Name:	41C2BA36FAF44CD... kathy blais	Date:	5/12/2026