



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/Disease Prevention/Oral Health		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Nicole Mitchell		
(If applicable) Department Reference #:		CD0-26-4501		
Agency Department Code:	10A	Advantage CT / RQS #:	CT 10A 20260210000CD0264501	
Amount: (Contract/Amendment/Grant)		\$37,700.00		
CONTRACT	Proposed/Original Start Date:	1/1/2026	Proposed/Most Recent End Date:	12/31/2026
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:		University of Southern Maine Portland, Maine		
Brief Description of Goods/Services/Grant:		Administer statewide access to Go NAPSACC, an evidence-based online quality improvement system for early childhood education programs.		

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
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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 contract provides funding to the University of Southern Maine (USM) to administer and manage statewide access to Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care), an evidence-based, online quality improvement system designed for early childhood education (ECE) settings.

Go NAPSACC is a comprehensive web-based platform that allows early care and education programs, technical assistance consultants, and state administrators to assess current policies and practices, identify areas of improvement, develop action plans, assess training and educational resources, and monitor progress over time.

Through this agreement, USM will serve as the fiscal and administrative entity responsible for coordinating services, managing reporting requirements, and executing a subcontract with the University of North Carolina at Chapel Hill (UNC), the developer and owner of the Go NAPSACC platform. Services include access to the Go NAPSACC web-based system, implementation and technical assistance support, planning and consultation with state partners, customized training for technical assistance consultants, educational webinars, and annual usage reporting.

The need for these services is driven by the loss of previously available federal funding that supported Go NAPSACC through another state office. Without interim funding, early childhood programs would experience disruption in access to an established system that supports health, wellness, and continuous quality improvement.

The Maine CDC Oral Health Program (OHP) is providing one-year funding to sustain this work, as it complements the work of the OHP, as well as other programs housed within the Division of Disease Prevention. Funding for this Contract is provided through the Fund for a Healthy Maine and supports activities aligned with statewide child health promotion priorities, including oral health. Oral health is one of the eight core domains addressed within Go NAPSACC, and the platform supports oral health promotion through best practice, policy, and environmental improvements in early childhood settings.

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.

USM is uniquely positioned to serve as the state's contractor for this work due to its long-standing commitment and experience managing sponsored service agreements, its capacity to administer pass-through funding, and its ability to execute and oversee a subcontract with UNC for Go NAPSACC services.

USM provides the state with an established higher-education contracting partner capable of fiscal oversight, compliance with the state and university requirements, and continuity of program administration. While UNC must be engaged as a subcontractor, due to its ownership of the Go

PART III: SUPPLEMENTAL INFORMATION

NAPSACC platform, USM's role ensures appropriate financial management, reporting, and accountability at the state level.

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

The costs associated with this agreement are fair and reasonable based on the defined scope of work, the statewide reach of services, and historical pricing for Go NAPSACC in other states. Funding provided to USM covers fixed-price services that include statewide platform access, implementation advising, technical assistance, consultant training, educational webinars, and annual reporting.

USM will allocate a portion of funding to UNC through a sponsored services subcontract to support the proprietary components of Go NAPSACC, including platform access, technical assistance, content development, and reporting. The remaining funds support administrative oversight and coordination by USM. This funding structure avoids duplication of services and leverages an existing, evidence-based system, rather than requiring development of a new platform.

The OHP's funding allocation supports a one-year continuation of services and aligns with program goals, as oral health is an integrated domain within Go NAPSACC and is addressed through policy, training, and quality improvement activities supported by the platform.

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

The Department has initiated RFP MCDCP20265 to competitively procure long-term options for delivering comparable early childhood health and quality improvement services. This agreement is a one-year interim contract approved by DCM to prevent disruption of services following loss of federal funding.

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

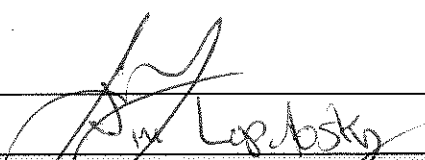
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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:		Date:	11-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:	<small>Signed by:</small> 		
Typed Name:	<small>41C2BA36FAF44CD...</small> Kathy Blais	Date:	5/21/2026