



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 \$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 Program |                                          |
| Department Contract Administrator or Grant Coordinator: |                               | Chris Moiles/ Stephanie Wood                                                 |                                          |
| (If applicable) Department Reference #:                 |                               | CD0-27-4538                                                                  |                                          |
| Agency Department Code:                                 | 10A                           | Advantage CT / RQS #:                                                        | 20260414000CD0274538                     |
| Amount:<br>(Contract/Amendment/Grant)                   |                               | \$ 80,000.00                                                                 |                                          |
| CONTRACT                                                | Proposed/Original Start Date: | 7/1/2026                                                                     | Proposed/Most Recent End Date: 6/30/2028 |
| 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<br>Portland, ME.                              |                                          |
| Brief Description of Goods/Services/Grant:              |                               | Lifestyle change programs for diabetes and cardiovascular disease            |                                          |

| 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 Agreement is to contract with the Provider and their team of multilingual Community Health Workers (CHWs) to tailor lifestyle change and self management programs for prediabetes, diabetes and high blood pressure for individuals best served in a language other than English. The Provider will create an action plan for implementing three different evidence-based interventions, deliver the programs following established quality standards, and report outcomes to the Department.

The project aligns with several required strategies and performance measures for CDC-23-0004 and CDC-23-0020, which include:

- Increase the number of CHWs integrated into evidence-based programs for diabetes.
- Increase the number of CHWs that provide a continuum of care for those at greatest risk of cardiovascular disease.
- Tailor diabetes prevention and self-management programs for priority populations, including immigrants, refugees, and asylum seekers.
- Increase 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 if applicable.

This Vendor is an established organization who has been working with Greater Portland's refugee and immigrant population since 2002. Maine Access Immigrant Network (MAIN) is the only organization that has prior experience tailoring and delivering evidence-based programs for pre-diabetes and diabetes in a language other than English. MAIN CHWs are trusted in the immigrant community and speak multiple target languages, including Arabic, Somali, Portuguese, and French. MAIN is a US CDC Diabetes Prevention Recognized Program and its CHW staff are trained as Diabetes Prevention Program lifestyle coaches and as Heart Health Ambassadors. MAIN also serves a geographic area not previously involved in strategy implementation for CDC-DP23-0004. Expansion meets the need of statewide reach for populations at highest risk of hypertension and stroke. MAIN has established relationships with two clinical providers who are needed to complete a closed-loop referral pathway for blood pressure monitoring services. All these factors make MAIN a unique provider for implementing the scope of this agreement.

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.

If these services continue to be required, the department will commit to RFP in Spring 2028

**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:

Jim Lopatosky, Director of Contract  
Management

Date:

27-Apr-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:

Signed by:

Kathy Blais

Typed Name:

41C2BA36FAF44CD...  
Kathy Blais

Date:

5/28/2026