



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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 Division of Procurement Services intranet site (Forms page) for additional instructions.*

### PART I: OVERVIEW

Department Office/Division/Program:		Maine Center for Disease Control & Prevention Division of Disease Prevention/ Chronic Disease Prevention		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Nicole Mitchell		
(If applicable) Department Reference #:		CD0-26-4424		
Amount: (Contract/Amendment/Grant)	\$50,000.00	Advantage CT / RQS #:	CT 10A 20250507000CD0264424	
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date:	6/29/2027
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Central Lincoln County YMCA Damariscotta, ME		
Brief Description of Goods/Services/Grant:		Community programming for blood pressure control and bi-directional referral support		

### 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. University 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.

This agreement provides support for community programming and expansion opportunities for bi-directional referrals. The National Cardiovascular Health Program (CDC-RFA-DP-23-0004) encourages hypertension control through self-measured blood pressure (SMBP) and community-clinical linkages. The Provider will facilitate SMBP programming in partnership with local primary care practices and will support efforts to identify and manage patients at high risk for poor cardiovascular related outcomes.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The Central Lincoln County YMCA is the only licensed provider of SMBP in Lincoln County, has existing infrastructure to support SMBP, has a history of program expertise and trained personnel and can leverage immediate delivery of programming. This positions them uniquely to immediately begin to address hypertension in Lincoln County, as compared to other YMCA locations. There are currently two other YMCAs in Maine who offer SMBP, and both have noted to the Department the limited staff capacity to take on a contract currently. The CLC YMCA supports two primary care practices for bi-directional referrals and will expand network outreach with this opportunity, including involvement of the Boothbay YMCA. Partnership with the Boothbay YMCA is crucial to engage a wider network of primary care practices and the patients they serve. The YMCA is committed to bi-directional referrals with healthcare providers, ensuring patients receive comprehensive care, which enhances the continuity of care and improves health outcomes for individuals managing hypertension. Both the CLC YMCA and the noted primary care practices have strong relationships with residents. This trust is crucial for engaging participants and producing a successful program within the contract timeline.

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 the Central Lincoln County YMCA is the only licensed provider in Lincoln County and has already developed relationships with primary care practices and local residents in the priority area established by CDC-RFA-DP-23-0004.

### 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.

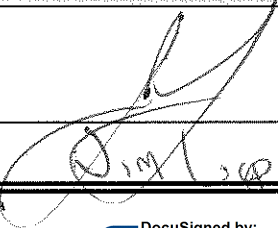
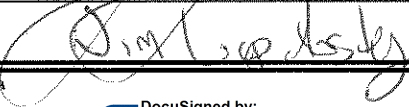

### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

*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 signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	29-May-24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	6/11/2025