



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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	ME CDC/ Division of Disease Prevention - MCH		
Department Contract Administrator or Grant Coordinator:	Brienne Carrero		
(If applicable) Department Reference #:	CD0-24-4254C		
Amount: (Contract/Amendment/Grant)	Amend C: \$ 37,500.00 New Total: \$340,000.00	Advantage CT / RQS #:	CT-10A- 20230503000000003034
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:
	Previous End Date:	6/30/2025	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maine Parent Federation Farmingdale, ME	
Brief Description of Goods/Services/Grant:		Family Consultant and Regional Coordinators	

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 checked="" 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 checked="" type="checkbox"/>	L. Other Authorization – RFP Extended

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.

Maine Parent Federation will administer Family Navigator Services for Children and Youth with Special Health Care Needs at both the Statewide and community-based levels. Maine Parent Federation will provide essential public health services that preserve, promote and protect the health of Maine residents. These services are intended to meet the specific requirements associated with the Department's Title V Maternal and Child Health Services Block Grant.

Amendment C is to extend the end date of the current contract to 9/30/2025 and add funding to cover the three (3) month extension, to allow for the RFP process and the new contract to be encumbered.

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

Under RFP# 201909149 Maine Parent Federation was awarded. The procurement period ended 6/30/2024. A new RFP is published (202503033) and expected to be awarded late May 2025. This extension will allow time for the RFP process to be completed, contract negotiations to occur, and a contract executed by 10/1/2025.

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

Costs were established from the original RFP. Cost of living and operating expenses have increased costs since the original RFP was established. These rates are comparable to other services and are considered fair and reasonable.

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

The Department has issued RFP 202503033 for these services with a 9/1/2025 contract start date.

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).

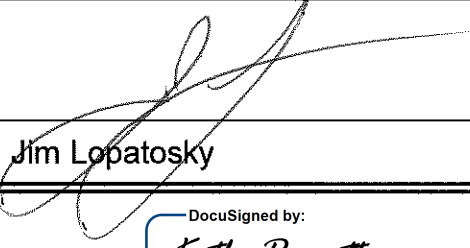

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	Jim Lopatosky	Date:	11 Jun -25
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small> </div>		
Typed Name:	Kathy Paquette	Date:	6/20/2025