



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:		MCDCP / MBCHP		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Nicole Mitchell		
(If applicable) Department Reference #:		CD0-26-4578		
Amount: (Contract/Amendment/Grant)		\$ 300,000.00	Advantage CT / RQS #:	CT 10A 20250505000CD0264578
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date:	6/30/2027
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:		Dempsey Center for Quality Cancer Care		
Brief Description of Goods/Services/Grant:		Breast Cancer Services Special Program Fund for underserved people with breast health and breast cancer needs.		

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.

The *Breast Cancer Services Special Program Fund* was created under Public Law, Chapter 547, during the Second Regular Session of the 123rd Maine Legislature: [An Act to Create a Special License Plate to Support Services](#) § 1408. Breast Cancer Services Special Program Fund revenue comes from the registration plate fees credited to the fund under Title 29-A, section 456-E, subsections 2 and 4 must be used for breast cancer support services. This contract with the Dempsey Center establishes the funding requirements for the “statewide nonprofit organization” recipient of the Breast Cancer Services Special Program Fund that provides services to underserved people with breast health and breast cancer needs.

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

The Breast Cancer Services Special Program Fund recipients have not had contracts to receive the funding to date. MBCHP worked with Department leadership to allow the Dempsey Center to receive funds with a two-year contract and subsequent funding for The Breast Cancer Services Special Program Fund will be awarded through the RFP process beginning with the contract period 7/1/27-6/30/29.

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

The contract costs are fair and reasonable based on other agreements with similar target goals. MBCHP will only approve a properly submitted invoice if the required quarterly report with satisfactory progress on deliverables has been submitted.

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

All subsequent funding for The Breast Cancer Services Special Program Fund will be awarded through the RFP process beginning with the contract period 7/1/27-6/30/29.

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.

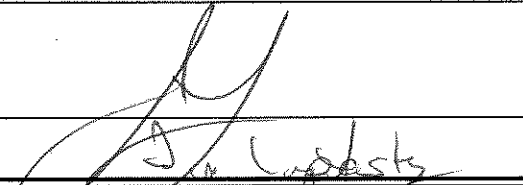

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	9-10-25
Signature of DAFS Procurement Official:	 DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	6/20/2025