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:	DHHS/Maine CDC/Division of Disease Prevention/ Tobacco Prevention & Control/Erik Gordon				
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/ Stephanie Wood				
(If applicable) Department Reference #:	CD0-27-4408				
Agency Department Code:	10A	Advantage CT / RQS #:	20260513000CD0274408		
Amount: (Contract/Amendment/Grant)	$447,000.00				
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:	Wabanaki Public Health & Wellness Bangor, ME				
Brief Description of Goods/Services/Grant:	Commercial Tobacco Treatment Services for Indigenous people in Maine.				

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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 Indigenous community uses traditional and/or sacred tobacco as one of their traditional medicines. It is ingrained as part of the Indigenous culture and has many uses and subsequent teachings. The Commercial Tobacco Industry exploits the close cultural relationship that exists between Tobacco and Indigenous people. Indigenous people have, and continue to, experience an undue burden from Commercial Tobacco. The "Any Commercial Tobacco" use rates among Indigenous people in Maine according to BRFSS study 2015-2022 is 47.2%. This peer-based cessation program that aligns with Indigenous cultural values could help address the increased rates and additional burden from Commercial Tobacco experienced by this community.

Each Wabanaki Nation in Maine has its own cultural norms, distinct identity, and way of governing. This approach is grounded in respect for Wabanaki self-determination, by allowing each nation to decide for themselves how they want to address the harm caused by the Commercial Tobacco Industry. Therefore, peer-based support cessation programming is in the best interest of Wabanaki Communities in Maine.

The purpose of this Contract is to provide culturally appropriate Commercial Tobacco Treatment resources to Indigenous people in Maine. While there are currently Commercial Tobacco Treatment resources available for the General Population, there are not services that align with the needs of Indigenous communities. This peer-based cessation Program has been developed and proposed by Wabanaki community members in Maine.

The Provider shall study, assess, develop, implement, and evaluate Commercial Tobacco Treatment for Indigenous people in Maine.

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 was selected via sole source because of their specific ties to the indigenous community in Maine, and their ability to implement and execute tailored, culturally appropriate, community-led, peer-based Commercial Tobacco Treatment for Indigenous people in Maine.

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

The vendor submitted a budget proposal that is in alignment with the cost of other services provided by this vendor, as well as similar services provided by other vendors.

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

PART III: SUPPLEMENTAL INFORMATION

The Department intends to reassess these services prior to the next contract period.

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:	27 May 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 41C2BA36FAF44CD...		
Typed Name:	Kathy Blais	Date:	6/22/2026