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/Operations				
Department Contract Administrator or Grant Coordinator:	Chris Moiles/ Nancy Birkhimer/ Stephanie Wood				
(If applicable) Department Reference #:	CD0-27-4000				
Agency Department Code:	10A	Advantage CT / RQS #:	20260513000000001729		
Amount: (Contract/Amendment/Grant)	$ 14,000.00				
CONTRACT	Proposed/Original Start Date:	**7/1/2026**	Proposed/Most Recent End Date:	**6/30/2027**	
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:	Public Health Accreditation Board Alexandria, VA				
Brief Description of Goods/Services/Grant:	Public Health Accreditation Fees				

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.

This contract is required to pay for Public Health Accreditation fees. Maine CDC, as the designated state public health agency, is an accredited Health Department, and is currently applying for reaccreditation. The application process requires a fee based on the population of the state. Maine's assessment fees equal $14,000, annually.

Maine CDC has determined that accreditation is essential to fulfilling our responsibilities and the state health agency, because accreditation will demonstrate to funders and to the public that we meet the national standards related to the ten essential public health services.

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.

The PHAB is the only accrediting organization recognized by the US CDC and other public health agencies and funders to provide for Public Health Accreditation.

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

The fees are set by PHAB and are non-negotiable. PHAB accesses fees based on the size of the public health agency's population.

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

Because public health accreditation is a national process, Maine is not in a position to foster competition to PHAB. In addition, competing public health accreditation structure would be likely to diminish the value of accreditation from PHAB.

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	Date:	17-Jun-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:	DocuSigned by: Michael McNeil 7008796FB36A449...		
Typed Name:	Michael McNeil	Date:	6/24/2026

NOI 0620260475 6/24-6/30