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:	CDC				
Department Contract Administrator or Grant Coordinator:	Shawn Belanger				
(If applicable) Department Reference #:	OIT-26-1103				
Agency Department Code:	10A	Advantage CT / RQS #:	20260526000OIT261103		
Amount: (Contract/Amendment/Grant)	$787,618				
CONTRACT	Proposed/Original Start Date:	**10/1/2025**	Proposed/Most Recent End Date:	**9/30/2026**	
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:	HEALTHINFONET New Gloucester, ME				
Brief Description of Goods/Services/Grant:	Health Information Exchange (HIE) – Public Health Information Services, Reporting, and HIE Access				

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 statewide health information exchange (HIE) is designed to link an individual's health information from healthcare sites regardless of affiliation and to create a single electronic health record that allows authorized users to better support and coordinate care. In this effort, The Provider maintains connections to more than 3,900 medical providers, community-based organizations, public health agencies, and other healthcare locations throughout the state.

Under this Agreement, the Provider will use these connections to deliver interdependent public health information services to the Maine Center for Disease Control and Prevention: (1) data transmission, (2) data integration services, and (3) data dissemination services, including public health agency user access direct to the health information exchange.

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.

HealthInfoNet (HIN) is Maine's state-designated health information exchange (HIE) through an Executive Order passed by Governor Baldacci. The Provider has developed a unique relationship with doctors, hospitals and other providers throughout Maine to share important health information and improve patient care. HealthInfoNet has the exclusive rights for this information as a functionary as the State of Maine's Health Information Exchange.

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

This Agreement is based on the Provider' approved budget and funding approved by U.S. Center for Disease Control and Prevention and CMS – Rural Health and Transformation Program.

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

HealthInfoNet has the exclusive rights for this information as a functionary as the State of Maine's Health Information Exchange. The Department does not intend to competitively procure this service.

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:	15 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: Nancy Tan 7AA9094BA0244AB...		
Typed Name:	Nancy Tan, IT Procurement Director	Date:	6/23/2026

NOI 0620260493 6/30/2026 - 7/6/2026