



## 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:		DHHS/ Maine CDC		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Nicole Mitchell		
(If applicable) Department Reference #:		CD9-26-4561		
Amount: (Contract/Amendment/Grant)		\$ 63,000.00	Advantage CT / RQS #:	CT 10A 20250630000CD9264561
<b>CONTRACT</b>	Proposed Start Date:	<b>7/1/2025</b>	Proposed End Date:	<b>6/29/2027</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Houlton Band of Maliseet Indians		
Brief Description of Goods/Services/Grant:		Evidenced based program delivery		

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.



<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Houlton Band of Maliseet Indians will start and deliver an ADA or ADCES recognized or Special Diabetes Program for Indians recognized DSMES program, implement the DSMES program and recruit and sustain patients through the program. Additionally, HBMI will continue to offer Childhood Obesity Intervention. There is a lack of access to Diabetes Management programs for tribal communities and little to no access to any childhood obesity interventions.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	In keeping with the Tribal-State Collaboration Act of 2022 (5 M.R.S. §§ 11051 et seq), Maine CDC will engage the Houlton Band of Maliseet Indians as a sole source, contracted partner to adapt and deliver the a DSMES program and continue delivery of a childhood obesity intervention, Tribal populations have been identified using data by Maine CDC as a high priority population in a high area of need for diabetes prevention, management and obesity prevention programs.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Negotiated rates are in part dictated by CDCs Grant guidance and align with what other contract partners are requesting for similar services.
4. Describe the plan for future competition for the goods or services.	Maine CDC has no plans for future RFP of these services, specific to reaching tribal populations. Maine CDC has already completed an RFP (202308167) for the same services for non-tribal partners.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <a href="#">Title 5, §18</a> and <a href="#">§18-A</a>, in harmony with MRS <a href="#">Title 17, §3104</a>.</i>	
<input checked="" type="checkbox"/> 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 Director of Contract Management	Date:	2-11-25
Signature of DAFS Procurement Official:	<p>DocuSigned by:                        Kathy Paquette                      41C2BA36FAF44CD...</p>		
Typed Name:	kathy Paquette	Date:	7/14/2025