



## 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:		Maine Centers for Disease Control & Prevention/ Division of Disease Prevention/ Chronic Disease		
Department Contract Administrator or Grant Coordinator:		Feargal Semple / Nicole Mitchell		
(If applicable) Department Reference #:		CD0-26-4550		
Amount: (Contract/Amendment/Grant)		\$ 80,000.00	Advantage CT / RQS #:	CT 10A 20250617000CD0264550
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date:	6/29/2027
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:		Healthy Acadia Ellsworth, ME		
Brief Description of Goods/Services/Grant:		Community prevention programming based in physical activity, nutrition education, and clinical outreach for those at highest risk of developing cardiovascular disease		

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.

This agreement provides support for the priority populations noted in the grant for the Maine Center for Disease Control & Prevention's 'National Cardiovascular Health Program (CDC-RFA-DP-23-0004)', specific to the learning collaborative portion of the agreement. The funding supports state efforts to identify and manage patients within priority populations at high risk for cardiovascular disease. The Provider shall facilitate health behavior programs related to physical activity and nutrition and support quality improvement cycles for priority populations within specific census tracts, as noted by the department.

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

Healthy Acadia is a community health coalition serving populations throughout Washington and Hancock counties. Healthy Acadia has created a vast network of community partners, including Indigenous groups located in Washington County. This population has been identified, by the Department, as a high priority and at a higher risk for cardiovascular disease. The Department worked with US CDC to identify census tracts with highest prevalence of hypertension and high cholesterol, identifying 3 census tracts that fall within Washington county. The goal of census track identification is to create systemic change over the entirety of the grant. One of identified census tracts houses the Indian Township Reservation and Healthy Acadia is the essential liaison between indigenous communities and the department to help build rapport, develop cyclical health behavior change programs, and to build on the communities' current strengths and resources. Healthy Acadia is uniquely positioned to recruit leaders and elders in Indigenous groups to participate in the Learning Collaborative health behavior program and to deliver learning opportunities within the Motahkomikuk community.

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

The negotiated costs and rates align with current market value and previous vendors for health behavior related programs and strategies.

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

The Department does not intend to RFP these services at this time. The vendor has developed the highly skilled and unique essential connections to perform this work with the state and with Indigenous groups located in the priority area established by the grant: CDC-RFA-DP-23-0004.

### 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.

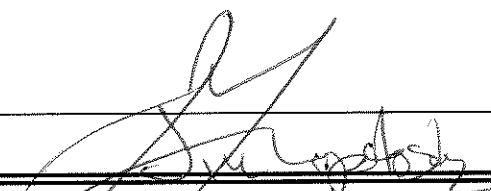

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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:	26-Jun-25
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> <i>Kathy Paquette</i> <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	7/17/2025