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/Disease Prevention/Elizabeth Palazzo				
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Nicole Mitchell				
(If applicable) Department Reference #:	CD9-27-4425				
Agency Department Code:	10A	Advantage CT / RQS #:	20260326000CD9274425		
Amount: (Contract/Amendment/Grant)	$1,231,015.00				
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 and Wellness – Bangor, Maine				
Brief Description of Goods/Services/Grant:	Maine Prevention Network Service, administration of Public Health Prevention Services, focusing on tobacco, substance use, and obesity prevention.				

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 funding being allocated in this Agreement is by the Maine CDC to Maine Prevention Network (MPN) partner, Wabanaki Public Health & Wellness. The purpose of this Agreement is the administration of Public Health Prevention Services, including those focusing on tobacco and substance use prevention as well as HEAL (Healthy Eating Active Living or obesity prevention) promotion.

This Agreement establishes the framework in which Wabanaki Public Health & Wellness, as one of Maine Prevention Network's participating Public Health District partners, will deliver MPN services with the goal of achieving measurable improvements in health outcomes related to substance use, tobacco use and exposure, and obesity. The overarching purpose of MPN is to prevent and reduce substance use and misuse, prevent the initiation of tobacco use, eliminate health disparities associated with substance use and tobacco, and promote environmental and behavioral changes that make healthy eating and active living the easy choice.

The Provider shall advance meaningful progress toward helping Maine residents live safe, healthy, and productive lives by addressing the primary drivers of chronic disease and substance use, including tobacco, at both the District and local levels. The Provider will leverage efforts across its District to strengthen coordination, improve efficiency, and maximize return on investment.
In addition, MPN activities are expected to contribute to measurable improvements in health indicators statewide. The Department anticipates that these outcomes will be achieved through strong collaboration and partnerships among public health and healthcare entities—including hospitals and primary care providers—as well as non-traditional partners. The Provider shall implement primary prevention programming at the District level in coordination with 8 other MPN-contracted providers.

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 Department issued RFP 202207119 for Public Health Districts 1-8. An Evaluation Team evaluated the Bidders Qualifications and Experience, Proposed Services, and Cost Proposal in awarding contracts to providers in Districts 1-8.

"Wabanaki Public Health & Wellness (District 9) was included as one of the public health district community partners serving the Maliseet, Mi'kmaq, Passamaquoddy, & Penobscot Tribal Communities. The Maine Prevention Network is structured to achieve outcomes resulting from all 9 public health districts contributing to measurable improvement in health indicators across the State. To that end, District 9 was also included to implement primary prevention programming at the District level.

PART III: SUPPLEMENTAL INFORMATION

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

The Department negotiated with the providers to ensure that the rates are fair and reasonable, based on the funding that is available.

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

These services will be competitively procured for a 7/1/2032 contract start date.

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):	DocuSigned by: 66738ED17E0C4B2...		
Typed Name:	Jim Lopatosky	Date:	Jun-15-2026

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: David Morris 2A644AF5681F482...		
Typed Name:	David Morris	Date:	7/1/2026