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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 / Medical Epidemiology / Healthcare Epidemiology			
Department Contract Administrator or Grant Coordinator:	Brianne Carrero / Nicole Mitchell			
(If applicable) Department Reference #:	CD0-25-5199			
Agency Department Code:	10A	Advantage CT / RQS #:	RQS 20260202000000001234	
Amount: (Contract/Amendment/Grant)	$16,845.00			
CONTRACT	Proposed/Original Start Date:	**4/1/2025**	Proposed/Most Recent End Date:	6/30/2025
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:	Association for Professionals in Infection Control and Epidemiology (APIC) - Arlington, VA			
Brief Description of Goods/Services/Grant:	Virtual training session for Maine Infection Preventionists to be held from Fall 2024 to Spring 2025.			

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 purpose of this BPO is to provide funds for the increase in the quote from APIC received in April 2025. The original quote had expired. APIC provided an invoice for the increase in the new quote. The original contract, CD0-25-5124, BPO 10A 20241031000000000621, period of performance was from 8/1/2024 to 6/30/2025. The State of Maine has already paid the entire funding provided in contract CD0-25-5124.

The receipt of the new quote and the payment of CD0-25-5124, based on the original quote, happened around the same time and CD0-25-5124 was not amended to the updated quote before payment was issued. Therefore CD0-25-5199 addresses the difference between the original quote and the new quote.

APIC to provide virtual training for Infection Preventionists (IPs): one virtual EPI Intensive training course (4-day course; maximum attendees of 40 at $1,625.00 each) for hospital IPs (link: https://apic.org/course/epi-intensive-4-day-course/) and one virtual long-term care (LTC) IP Essentials Training (2-day course; maximum attendees of 60 at $1,000.00 each) for LTC IPs (link: https://apic.org/course/long-term-care-infection-preventionist-essentials-training/).

Many Infection Preventionists in Maine are retiring or moving on to other career opportunities. This means that many new IPs are taking on these jobs with limited experience. This training will aid in providing a good base of knowledge for those IPs with less than five years of experience on the job. This is especially valuable for those working as the sole IP in a healthcare facility, which includes the majority of IP positions in Maine.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

The vendor is a global professional association with the mission to create a safer world through prevention of infection. They organized the approach to preventing healthcare associated infections through best practice guidance documents and founded the certifying body infection prevention and control. They are subject matter experts in this field, and their training materials are unique and proprietary.

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

The cost of training is comparable to attending a professional conference of similar length. Group discounts are available at the levels of 30 and 50 attendees.

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

This service is a one-time event while supplemental COVID funding is still available.

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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:	Jon Lapsley	Date:	18-Mar-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:	7/15/2026

NOI 0720260526 7/15-7/21