



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:		Maine CDC / Disease Prevention and Control / Penny Townsend		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple, see attached		
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple, See attached	
Amount: (Contract/Amendment/Grant)		Multiple, See attached		
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:		Multiple, See attached		
Brief Description of Goods/Services/Grant:		School Based Health Care Services		

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.

Maine's School Based Health Centers (SBHCs) provide medical and behavioral health care to over 2,500 adolescents across the state. SBHCs increase access to necessary medical and behavioral health services among youth who might otherwise go without care and reduces the need for students and parents to miss school or work to attend appointments. School Based Health Center services are provided through local partnerships between a health care organization and a school department. School districts provide physical clinic space within a middle and/or high school building, as well as administrative staffing and oversight, and in-kind support. The local health care entity provides medical and behavioral health clinicians, clinical oversight and supervision, and referrals to external sources of care.

All SBHCs provide a minimum number of hours of medical and behavioral health services, as determined by the number of students at the school and the level of student need (based on free/reduced lunch eligibility).

Sites that receive Enhanced and Boost funding provide additional services such as dental care and care coordination for students enrolled in the SBHC.

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.

Vendors providing School Based Health Center services must possess very specific partnerships, staffing, and facilities. Vendors must have existing Memoranda of Agreement with local school districts or health care organizations, licensed and qualified staff, and facilities that meet minimum standards.

The vendors selected were selected under RFA 202206096, providing additional funding to support expanded SBHC activities to increase youth access and expand dental services. The Providers were originally selected under the RFA but has since moved to a Willing and Qualified.

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

Base funding for all School Based Health Center services is determined by a formula (calculated by the Department) that allocates funding based on the total number of students eligible for care, the number of clinic locations, and overall student need (as measured by a percentage of the student body eligible for free/reduced lunch). Funding is calculated for each SBHC (by the Department) clinic site managed by the Provider.

Alternate funding has been made available to increase mental health and dental services to all School Based Health Centers.

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

The Department has shifted this service to a willing and qualified model, as funding permits.

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:

13-Jul-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:

Signed by:

Kathy Blais

41C2BA36FAF44CD...

Typed Name:

Kathy Blais

Date:

7/22/2026

Procurement Justification Form (PJF)

DHHS Office:

CDC

Service:

School Based Health Centers SFY27

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
City of Calais	CD7-27-5579	20260519000CD7275579	7/1/2026	6/30/2028	\$163,403.00
MaineHealth dba Lincoln Health	CD4-27-5501	20260519000CD4275501	7/1/2026	6/30/2028	\$760,310.00
RSU #38	CD5-27-5581	20260519000CD5275581	7/1/2026	6/30/2028	\$135,815.00
Penobscot Comm Health Center	CD6-27-5580	20260519000CD6275580	7/1/2026	6/30/2028	\$291,119.00
Portland Community Health Center	CD2-27-5576	20260519000CD2275576	7/1/2026	6/30/2028	\$755,929.00
Bucksport Reg Hlth Ctr	CD7-27-5509	20260519000CD7275509	7/1/2026	6/30/2028	\$198,860.00
MaineHealth dba Western Maine Health	CD3-27-5582	20260519000CD3275582	7/1/2026	6/30/2028	\$148,874.00
Maine School Admin District #75	CD4-27-5578	20260519000CD4275578	7/1/2026	6/30/2028	\$105,112.00
Sebasticook Family Doctors	CD6-27-5505	20260519000CD6275505	7/1/2026	6/30/2028	\$146,701.00
Augusta School Department	CD5-27-5506	20260519000CD5275506	7/1/2026	6/30/2028	\$136,640.00
Total Items	10			Totals	\$2,842,763.00