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:	MCDCP / MBCHP / Angela Nile			
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Nicole Mitchell			
(If applicable) Department Reference #:	CD0-27-4577			
Agency Department Code:	10A	Advantage CT / RQS #:	20250617000CD0264577	
Amount: (Contract/Amendment/Grant)	$ 126,000.00			
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:	Maine Cancer Foundation (MCF)			
Brief Description of Goods/Services/Grant:	Provide breast cancer research, education, and financial support for breast cancer patients.			

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 *Breast Cancer Services Special Program Fund* was created under Public Law, Chapter 547, during the Second Regular Session of the 123rd Maine Legislature: An Act to Create a Special License Plate to Support Services § 1408. Breast Cancer Services Special Program Fund revenue comes from the registration plate fees credited to the fund under Title 29-A, section 456-E, subsections 2 and 4, and must be used for breast cancer support services. The Maine Cancer Foundation serves as the independent state-based foundation for the purpose of providing funding for cancer research, education, and patient support programs. The independent state-based foundation shall use funding from the Breast Cancer Services Special Program Fund as outlined in the deliverables.

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 Breast Cancer Services Special Program Fund recipients have not had contracts to receive the funding to date. Maine Breast and Cervical Health Program (MBCHP) worked with chronic disease leadership to allow the Maine Cancer Foundation to receive funds with a two-year contract.

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

Calculated using FY22-FY24 Annual Historic Disbursement average of $ 15,750.00/quarter. Plate disbursements over the anticipated $63,000.00/yr will be issued as needed to be used for direct patient support services.
**Any amount over the average $15,750.001/quarter will be disbursed to MCF separately, with 100% of the additional funds to be used for direct patient financial support for medical, wellness, and/or household expenses to benefit Maine women in breast cancer treatment.*

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

The Department has initiated RFP MCDCP202511 to competitively procure these services with a 7/1/2028 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):			
Typed Name:	Jim Lopatosky, Director of Contract Management	Date:	8-Jun-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:	7/30/2026