



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 \$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:		MCDCP / Division of Disease Control and Prevention	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Nicole Mitchell	
(If applicable) Department Reference #:		CD0-26-1110	
Amount: (Contract/Amendment/Grant)	\$ 13,100.00	Advantage CT / RQS #:	CT 10A 20250702000000000011
CONTRACT	Proposed Start Date:	8/1/2025	Proposed End Date: 6/30/2026
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:		Daniel Hanley Center for Health Leadership Portland, Maine	
Brief Description of Goods/Services/Grant:		Health Leadership Development Course	

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.

The Hanley Center for Health Leadership has engaged in a phased process for 'hardwiring' health disparities into its statewide leadership programming at all levels. This leadership course continues the work from the previous CDC Workforce Development contract by offering 8 additional Cultural Competency and Health Equity Trainings. In addition, this leadership course gives support for the Health Leadership Development Program, Health Literacy and Race, Ethnicity and Language data collection training, and facilitation assistance for the Maine CDC Health Equity Council.

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

The Daniel Hanley Center for Health Leadership is the only provider that has a statewide and specialized role in health leadership development. The Hanley Center has leadership programs that include the Health Leadership Development curriculum that educates health leaders statewide on health disparities. As a result of their unique leadership program offerings, they are the only entity capable of effectively and efficiently expand their work to reach more health leaders and accomplish the grant deliverables.

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

The Hanley Center is competitive compared to other leadership entities that do not have the specialization they do.

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

The Department does not intend to competitively bid this service.

As the need for this training reoccurs, we will perform searches to determine if the Daniel Hanley Center for Health Leadership is still a sole-source provider or if other providers may now be examined for the training.

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.

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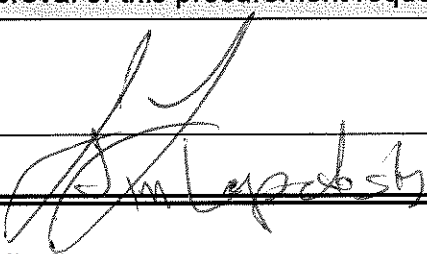
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	16-Jul-25
Signature of DAFS Procurement Official:	Signed by: Sterling Doiron		
Typed Name:	4C537C52B586437... Sterling Doiron	Date:	8/12/2025

Certificate Of Completion

Envelope Id: 57ACEF45-5F15-4FFC-98BB-4A5B88F0FCD3	Status: Completed
Subject: Complete with Docusign: PJF CD0-26-1110 Daniel Hanley_ToDAFS v2.pdf	
Lease #:	
Project Number:	
Contract Number:	
RFP Number:	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Sterling Doiron
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	77 State House Station
	111 Sewall Street
	Augusta, ME 04333
	Sterling.Doiron@maine.gov
	IP Address: 198.182.163.121

Record Tracking

Status: Original	Holder: Sterling Doiron	Location: DocuSign
08/12/2025 07:37	Sterling.Doiron@maine.gov	

Signer Events	Signature	Timestamp
Sterling Doiron sterling.doiron@maine.gov Sterling Doiron Security Level: Email, Account Authentication (None)	<div>Signed by: Sterling Doiron 4C537C52B586437...</div> Signature Adoption: Pre-selected Style Using IP Address: 198.182.163.121	Sent: 08/12/2025 07:38 Viewed: 08/12/2025 07:38 Signed: 08/12/2025 07:38

Electronic Record and Signature Disclosure:
Not Offered via Docusign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	08/12/2025 07:38
Certified Delivered	Security Checked	08/12/2025 07:38
Signing Complete	Security Checked	08/12/2025 07:38
Completed	Security Checked	08/12/2025 07:38

Payment Events	Status	Timestamps
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