



## 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:		DHHS / MCDCP / Chronic Disease Prevention		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell		
(If applicable) Department Reference #:		CD0-24-5191B		
Amount: (Contract/Amendment/Grant)		Current: \$2,161,365.07 Amend B: \$ 35,442.00 Revised: \$2,196,807.07	Advantage CT / RQS #:	CT 10A 20230426000000002896
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:	3/1/2025
	Previous End Date:	3/31/2025	New End Date:	6/30/2025
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		University of Maine System DBA University of Southern Maine Portland, ME		
Brief Description of Goods/Services/Grant:		Disease Prevention Surveillance and Epidemiology		

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 checked="" 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 purpose of this Agreement is to provide a critical role in supporting multiple disease prevention public health activities that relate to the ten (10) Essential Public Health Services Statewide through Epidemiology expertise and Public Health Surveillance. Specifically, the identification of important public health needs in the State, allows the Department to respond quickly to these needs and monitor how well people are served through disease prevention programs. The services provided support critical functions related to Federal Grant requirements, legislative mandates, and Public Health Accreditation.

**Amendment B - The purpose of this amendment is to fund the further extension of the contract due to the unique qualification of the vendor and ongoing discussions on the structure of future services.**

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

This agreement was originally awarded under RFP 201806117 Disease Prevention Surveillance and Epidemiology which ended on 6/30/2024. The services have been put out to bid 3 times in the last 15 years, with a single bidder in each case (indicating their unique qualifications). The current vendor has specific experience in providing the services in this contract, including being midway through several assessment and evaluation projects. A change in vendor at this time would require additional orientation and training provided by Maine CDC to get a new vendor knowledgeable about processes and ready to provide these services. Based on these unique qualifications and benefits to both USM and the Department, a cooperative agreement is being negotiated, and this additional extension is need to prevent a gap in services.

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

The cost was determined through a competitive award process under RFP 201806117. Allowing for inflation, the costs remain in line with the original competitive bid. Costs for this amendment are substantially reduced based on unspent funds in the existing contract. The full budget of \$254,166 for the three-month period will require \$35,442 in new encumbrances.

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

The Department is in discussion with the University regarding the appropriateness of a cooperative agreement for some services provided and intends to use long-term staffing contracts for some services where appropriate. The Department does not intend to competitively procure these services at this time.

### 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.

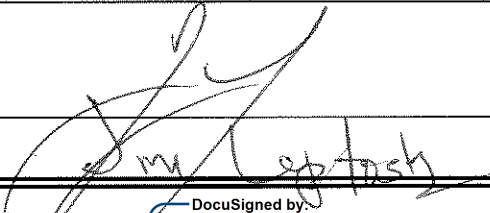

### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

*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:	11-Jun-25
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> <b>Kathy Paquette</b> <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	8/11/2025