



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/Health Systems/Rural Health and Primary Care			
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Nicole Mitchell			
(If applicable) Department Reference #:	CD0-26-2247			
Agency Department Code:	10A	Advantage CT / RQS # :	CT 20250715000CD0262247	
Amount: (Contract/Amendment/Grant	\$80,000.00			
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	9/30/2027
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:	K12 Management, Inc. DBA Tallo Philadelphia, PA.			
Brief Description of Goods/Services/Grant:	Online platform to establish a diverse and continuous talent pipeline for health care facilities in rural and underserved areas.			

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. Higher Education 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.

Data shows that the location of a physician's education and training is highly associated with the location where they eventually choose to practice. Further, the more exposure students and residents have to rural medicine, the more likely they may commit to practice in a rural area. Therefore, the expansion and support of medical education programs in our state and exposing students at an early age to health occupations is important to our program goals.

Tallo is an online platform that connects young talent with opportunities.

Students build a professional online profile to showcase their interests and accomplishments to help them discover career and college pathways, apply to internships and jobs, match to scholarships, and connect with colleges and companies looking for talent. 40% of the current talent in Tallo's ecosystem identifies as a racial or ethnic minority.

Both educational institutions and companies, in our case, health care facilities, are able to engage with these students in their preferred communication style to develop a stable and diverse continuous talent pipeline throughout rural 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.

Tallo is unique as the only end-to-end platform that connects middle and high school students with relevant post-secondary and employment opportunities that match their skills and interests. It provides customized career pathways based on an approach of combining science, data analytics, and digital technology. Such services are available only through the Tallo platform via its website and mobile applications utilizing its proprietary software. Similarly customized services are not available from other vendors.

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

The vendor worked with us to provide a customized slate of services to achieve our goals in keeping with their standard fees and yet remained within our target budget.

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

None – online platform is not available from other vendors.

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.

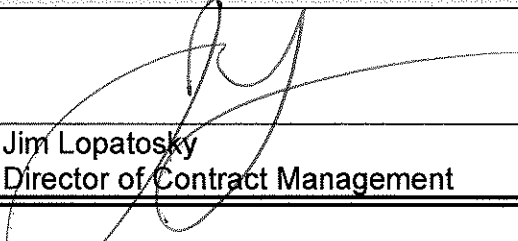
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 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:	28-Jul-25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	8/21/2025