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			
Department Contract Administrator or Grant Coordinator:	Brianne Carrero / Melinda Farrell			
(If applicable) Department Reference #:	CD0-26-4572B			
Agency Department Code:	10A	Advantage CT / RQS #:	20250709000CD0264572	
Amount: (Contract/Amendment/Grant)	Amendment B: $122,000.00 Revised: $264,869.00			
CONTRACT	Proposed/Original Start Date:	9/1/2025	Proposed/Most Recent End Date:	8/30/2026
AMENDMENT	New Effective Date:	9/1/2026	New End Date (if Applicable):	8/31/2027
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Maine Primary Care Association (MPCA) Augusta, ME			
Brief Description of Goods/Services/Grant:	FQHCs Zero Suicide Implementation Assistance 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.
The purpose of this Agreement is to ensure specific suicide prevention services are delivered to the population of the State through an organization focused on interaction with Federally Qualified Health Centers (FQHCs). The goal of this agreement is to assist the Department's suicide prevention efforts by meeting objectives identified and prioritized by both the State and the United States Center for Disease Control and Prevention (U.S. CDC). The Department and the Provider shall collaborate to increase early identification and treatment of individuals at risk of suicide through implementation of the Zero Suicide model. By using the membership organization for outreach to Maine's FQHC's that provide services to underserved, rural populations, the Department intends to reach populations at increased risk of suicide, and those who experience racial/ethnic or socioeconomic disparities, including inadequate access to care, poor quality of care, or inadequate financial means. **Agreement is being amended for the following reason: In January 2026, the Department was notified by the U.S. CDC of an additional one-year supplement to the award funding this agreement. Given this is only a one-year supplement, that will now extend to 8/31/27, we are seeking to amend this contract to allow us to meet the U.S. CDC deliverables for the final year of this award.**
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.
In August 2021, the Department was notified by the U.S. CDC of an award (unexpectedly as the Department was not initially funded) for FQHC Suicide Prevention Assistance Services to collaborate with a partner agency to oversee some quality improvement work with FQHCs. Due to the nature of this work, the Department determined it to be appropriate to add the FQHC Suicide Prevention Assistance Services to the award under RFP 202107105 as the work for FQHC Chronic Disease Assistance Services was in alignment with FQHCs Zero Suicide Implementation Assistance Services. No other vendor submitted a bid under 202107105.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
The costs and rates of this vendor were considered fair and reasonable and the best value for the Department.
4. Describe the plan for future competition for the goods or services.
Contingent on availability of funds, the Department intends to competitively procure these services with a 9/1/2027 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:	4-Aug-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:	8/7/2026