



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:	Chris Moiles / Nicole Mitchell			
(If applicable) Department Reference #:	CD0-26-4572			
Agency Department Code:	10A	Advantage CT / RQS #:	CT 20250709000CD0264572	
Amount: (Contract/Amendment/Grant)	\$90,000.00			
CONTRACT	Proposed/Original Start Date:	9/1/2025	Proposed/Most Recent End Date:	8/31/2026
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 Primary Care Association 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.)

<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.

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.

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.

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.

In November 2023, MPCA requested the services be split into two separate agreements in order to make it easier to manage the separate grant funds.

In June 2025, the Department was notified by the U.S. CDC of a one-year supplement to the award funding the previous agreement (CD0-24-4572). This award was set to expire 8/31/25, but will now end 8/31/26. Given this is only a one-year supplement, we are seeking to renew this contract to allow us to meet the U.S. CDC deliverables for the final year of this award.

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.

The Department has initiated RFP MCDP202521 to competitively procure these services with a 9/1/2026 start date and is contingent on availability of funds.

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: 30-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:
Kathy Paquette
41C2BA36FAF44CD...

Typed Name: Kathy Paquette

Date: 9/17/2025