



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:		MCDC/Division of Disease Prevention/ Maternal & Child Health	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		OIT-24-4210 D	
Agency Department Code:	10A	Advantage CT / RQS #:	202307070000000000307
Amount: (Contract/Amendment/Grant)		Original: \$ 480,803.10 Amend: \$ 78,480.60 Revised: \$ 559,283.70	
CONTRACT	Proposed/Original Start Date:	7/1/2023	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:	7/1/2026	New End Date (if Applicable): 12/31/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		NebuLogic Technologies LLC Plano, TX	
Brief Description of Goods/Services/Grant:		Children's Health Screening Tracking System	

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.

To provide and maintain a sustainable, web-based, centralized child health screening, tracking and surveillance system, hereafter called the Children's Health Screening Tracking System, capable of accurately identifying, matching, collecting, and reporting data. The tracking system integrates electronic birth and death records with newborn hearing, birth defects, and newborn bloodspot data.

This amendment is to extend these services for another 6-month period due to a delay in the RFP process.

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.

Through RFP 201903046, an Evaluation Team applied the consensus scoring method in evaluating the Bidders Qualifications and Experience, Proposed Services, and Cost Proposal in awarding the contract to this provider.

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. The rates are adjusted for the provider's increased cost of infrastructure and resources for the new year.

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

The Department has initiated RFP MCDP202512 to competitively procure these services for a 1/1/2027 contract 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.

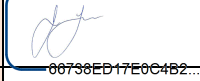
PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

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

DocuSigned by:


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Typed Name:

Jim Lopatosky

Date:

Aug-27-2026

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:


E2CD3BD47EBC4FB...

Typed Name:

Marcello Genovese

Date:

9/18/2026