



## 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:		DHHS Maine Center for Disease Control and Prevention, Division of Population Health Equity		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell		
(If applicable) Department Reference #:		CD9-26-1549		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 20250829000CD9261549	
Amount: (Contract/Amendment/Grant		\$49,796.00		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	3/31/2026
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:		Penobscot Indian Nation Indian Island, Maine		
Brief Description of Goods/Services/Grant:		Address COVID-19 disparities through COVID-19 response efforts and/or address social determinants of health in communities that experience COVID-19 disparities within the Public Health District.		

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 Provider shall continue the implementation of the programs and services within communities that address the root causes of COVID-19 or address the social determinants of health that are unique to the community by advancing health equity, by creating the resource(s) needed to address these broader needs and by providing services in culturally relevant, linguistically appropriate, and timely ways.

The continuation of implementation is possible due to the re-instatement of CDC's Health Disparities Grant funds. These federal grant funds abruptly ended in March 2025, resulting in the ending of several contracts including this Provider and were recently re-instated. Only the funds remaining on the Provider's original contract is being included in this new agreement; no additional funds have been added. The Provider will complete the work originally started under the former agreement (CD9-23-1549) in this new agreement.

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.

The Department aims to address health disparities experienced throughout the state, and specifically tribal communities through this work. Penobscot Nation Health Department was selected as the health center of the Penobscot Nation and their relationship with tribal community members. The Department is working with the organizations that are best positioned to impact changes in communities whose leadership reflects the community they serve. For the Penobscot Tribal Health Center, the Penobscot Nation Health Department is best positioned to complete this work effectively.

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

Funding determination reflects the remaining funds left available from their contract (CD9-23-1549A) prior to the stop work order from the Federal government. The scope of work reflects reasonable activities and deliverables that can be completed during the contract period and are identified programs and activities that were stopped prior to Federal funding being reinstated. To note: the continuation of the implementation of the programs and services is possible due to the re-instatement of CDC's Health Disparities Grant funds. These federal grant funds abruptly ended in March 2025, resulting in the ending of several contracts including this Provider and were recently re-instated.

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

The Department does not anticipate the availability of additional funding after this period.

**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.

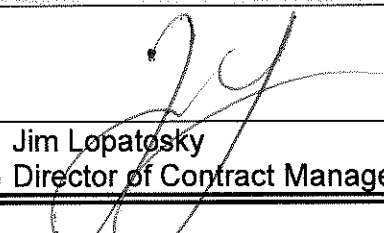
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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**

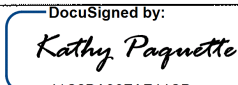
The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	10 Sep 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:  41C2BA36EAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/7/2025