



**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: |                               | Brienne Carrero \ Storm Dexter   |                                |           |
| (If applicable) Department Reference #:                 |                               | CD2-26-1564  |                                |           |
| Agency Department Code:                                 | 10A                           | Advantage CT / RQS # :   | CT<br>20250912000CD2261564     |           |
| Amount:<br>(Contract/Amendment/Grant)                   |                               | \$ 61,384.00   |                                |           |
| 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:              |                               | City of Portland Public Health (PH) Division<br>Portland, ME   |                                |           |
| Brief Description of Goods/Services/Grant:              |                               | Reduce COVID-19 health disparities by investing in capacity and infrastructure needs, increasing long-term ability to address social determinants of health and reduce COVID-19 related cases, hospitalizations and deaths in communities that experienced COVID-19 disparities. |                                |           |

| 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.

| <b>PART III: SUPPLEMENTAL INFORMATION</b>  |   |
|--|---|
| 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.   | <p>The Provider shall continue to use targeted investments to include, but are not limited to, efforts related to financial/IT improvements, data collection/reporting systems, operational infrastructure, strategic planning, and pilot projects and collective efforts to increase organizational effectiveness and address health disparities in their communities. As a result of these investments, the Department anticipates the provider will have increased capacity to reduce disparities in COVID-19 and other health conditions, as well as to continue providing COVID-19 prevention and response activities.</p> <p>The continuation 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 (CD2-23-1564) in this new agreement.</p> |
| 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. | <p>City of Portland Public Health Division is the only municipal public health program within Cumberland County, where these services are needed, and the only municipal health program with a health equity office statewide, which is a major component of the grant. The City of Portland Public Health Division clinic is co-located with the General Assistance services office for the city and the screenings desired need to take place as part of the General Assistance process therefore they are uniquely positioned to provide critical services for new arrivals.</p>   |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.   | <p>Funding determination reflects the remaining funds left available from their contract (CD2-23-1564A) prior to the stop work order from the Federal government. The scope of work reflects reasonable deliverables that can be completed during the contract period and are deliverables that were stopped prior to Federal funding being reinstated. To note: the continuation of the implementation of the deliverables 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.</p>   |
| 4. Describe the plan for future competition for the goods or services.   | <p>The Department does not anticipate the availability of additional funding after this period.</p>   |

**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:  | <i>Kathy Paquette</i>  | Date: | <i>25 Sep 25</i> |

**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:<br><br>41C2BA36FAF44CD... |       |           |
| Typed Name:                             | Kathy Paquette  | Date: | 10/9/2025 |