



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 Division of Disease Prevention/ Chronic Disease Prevention		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell		
(If applicable) Department Reference #:		CD0-26-4536		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 20250814000CD0264536	
Amount: (Contract/Amendment/Grant		\$49,986.00		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	6/30/2027
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:		Oasis Free Clinic, Brunswick, ME		
Brief Description of Goods/Services/Grant:		Clinical quality control for patients with hypertension/ stroke risk and expansion of team-based care		

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.	
This contract supports two short-term clinical quality improvement projects involving team-based care and remote patient monitoring. Oasis Free Clinic will integrate a community health worker (CHW) into their care team who will provide pre and post appointment check-ins for patients with a hypertension diagnosis. Community health worker integration supports performance measures noted in CDC-23-0004, such by increasing the numbers of CHWs that provide a continuum of care for those at greatest risk of cardiovascular disease and secondly, increasing the number of adults that have access to self-measured blood pressure linked to clinical support.	
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.	
Oasis Free Clinic serves southern Maine including Sagadahoc County, Cumberland County, Brunswick, Freeport, and Yarmouth. Federal cooperative agreement CDC-RFA-DP-23-0004 requires planning, implementing, and maintaining a statewide Learning Collaborative. The program currently works with stakeholders in Washington and Aroostook County to support the Learning Collaborative and has been encouraged to expand statewide and include both Cumberland and Sagadahoc County. Oasis currently is the only free clinic dedicated to this region of the state and the only clinic that serves those below 200% poverty threshold, a noted priority population for 23-0004. They serve a significant number of patients with hypertension, allowing the program to meet required deliverables and performance measures. The deliverables of the services noted above align with current grant expectations and serve counties with high prevalence of hypertension and cardiovascular disease.	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
The negotiated costs and rates align with current market value and previous vendors for health behavior related programs and strategies.	
4. Describe the plan for future competition for the goods or services.	
The Department does not intend to RFP these services at this time, as this is a one time funding opportunity.	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> 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

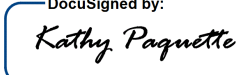
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	17-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:  41C2BA30FAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/9/2025