



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 CDC / Medical Epidemiology / Healthcare Epidemiology		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Nicole Mitchell		
(If applicable) Department Reference #:		CD0-26-5199		
Agency Department Code:	10A	Advantage CT / RQS # :	RQS 20250922000000000514	
Amount: (Contract/Amendment/Grant		\$16,845.00		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date:	12/31/2025
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:		Association for Professionals in Infection Control and Epidemiology (APIC) 1400 Crystal Drive, Suite 900 Arlington, VA 22202		
Brief Description of Goods/Services/Grant:		Virtual training session for Maine Infection Preventionists to be held from Fall 2024 to Spring 2025.		

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.

APIC to provide virtual training for Infection Preventionists (IPs): one virtual EPI Intensive training course (4-day course; maximum attendees of 40 at \$1625 each) for hospital IPs (link: <https://apic.org/course/epi-intensive-4-day-course/>) and one virtual long-term care (LTC) IP Essentials Training (2-day course; maximum attendees of 60 at \$1,000 each) for LTC IPs (link: <https://apic.org/course/long-term-care-infection-preventionist-essentials-training/>).

Many Infection Preventionists in Maine are retiring or moving on to other career opportunities. This means that many new IPs are taking on these jobs with limited experience. This training will aid in providing a good base of knowledge for those IPs with less than five years of experience on the job. This is especially valuable for those working as the sole IP in a healthcare facility, which includes the majority of IP positions in Maine.

The purpose of this contract/BPO is to provide funds for the increase in the quote from APIC received in April 2025. The original quote had expired. APIC provided an invoice for the increase in the new quote. The original contract, CD0-25-5124, BPO 10A 2024103100000000621, period of performance was from 8/1/2024 to 6/30/2025. The State of Maine has already paid the entire funding provided in contract CD0-25-5124.

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 vendor is a global professional association with the mission to create a safer world through prevention of infection. They organized the approach to preventing healthcare associated infections through best practice guidance documents and founded the certifying body infection prevention and control. They are the subject matter experts in this field and their training materials are unique and proprietary.

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

The cost of training is comparable to attending a professional conference of similar length. Group discounts are available at the levels of 30 and 50 attendees.

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

This service is a one-time event while supplemental COVID funding is still available.

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.

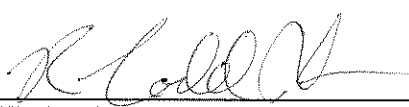
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Todd Haber Acting Deputy Commissioner of Finance	Date:	10/8/2025

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:	Signed by:  Sterling Doiron 4C537C52B586437...		
Typed Name:	Sterling Doiron	Date:	10/21/2025

Certificate Of Completion

Envelope Id: 36D65539-4BA4-4C4F-9F78-58AFB4322173	Status: Completed
Subject: Complete with Docusign: PJF CD0-26-5199 PJF APIC_ToDAFS.pdf	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Disabled	Envelope Originator:
Envelopeld Stamping: Disabled	Sterling Doiron
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	77 State House Station
	111 Sewall Street
	Augusta, ME 04333
	Sterling.Doiron@maine.gov
	IP Address: 198.182.163.121


Record Tracking

Status: Original	Holder: Sterling Doiron	Location: DocuSign
10/21/2025 13:52	Sterling.Doiron@maine.gov	

Signer Events

Sterling Doiron
 Sterling.Doiron@maine.gov
 Sterling Doiron
 Security Level: Email, Account Authentication (None)

Signature

Signed by:

 Sterling Doiron
4C537C52B586437...
 Signature Adoption: Pre-selected Style
 Using IP Address: 198.182.163.121

Timestamp

Sent: 10/21/2025 | 13:52
 Viewed: 10/21/2025 | 13:52
 Signed: 10/21/2025 | 13:55
 Freeform Signing

Electronic Record and Signature Disclosure:
 Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

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Certified Delivered	Security Checked	10/21/2025 13:52
Signing Complete	Security Checked	10/21/2025 13:55
Completed	Security Checked	10/21/2025 13:55

Payment Events

Status

Timestamps