



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:		Department of Public Safety / EMS	
Department Contract Administrator or Grant Coordinator:		Marc Minkler	
(If applicable) Department Reference #:			
Agency Department Code:	16A	Advantage CT / RQS #:	CT 16A 20251105*1099
Amount: (Contract/Amendment/Grant)	\$17,000		
CONTRACT	Proposed/Original Start Date:	11/6/2025	Proposed/Most Recent End Date: 11/9/2025
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:		Maine Medical Center Portland, ME	
Brief Description of Goods/Services/Grant:		Provide Conference Education and Support	

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 Maine EMS for Children (“EMSC”) program is contracting with MaineHealth to supplement conference educational and funding support. The conference program is at <https://www.mhesevents.org/emsnovember2025> This is the first year of a statewide offering of an EMS conference at MaineHealth and helps fills a gap created by the cessation of the 35+ previous years of an EMS conference at the Samoset Resort, hosted by regional contractors. As changes have eliminated these regional contracts, and an incredible gap was created with the absence of the annual EMS conference, MaineHealth began the process to offer an EMS conference for EMS clinicians based on cutting edge information evidence-based practices, and statewide collaboration. As pediatrics are a critical and vulnerable population throughout the state, and no other current EMS conference offers the variety of pediatric topics presented through medical experts and leaders, the Maine EMS-C program finds the conference to be an excellent collaboration of hospital and EMS agencies, physicians, advanced practice providers, nurses, and all levels of EMS clinicians. Our aim is to ensure access and support of pediatric topics that would otherwise likely be unavailable for our state volunteers, municipal, tribal, and industrial EMS responders.

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.

MaineHealth is the only entity currently providing a statewide EMS conference in Maine, thus making them a sole source provider. We examined Maine EMS approved conferences and found no other EMS focused statewide in person conferences. Additionally, MaineHealth Maine Medical Center Portland is the only Level 1 trauma center in Maine and only Level 4 Neonatal Intensive Care Unit (NICU) and Pediatric hospital in the state. This provides for the depth and expertise of education for pediatric topics in the goal of EMS for Children’s grant metrics of improving pediatric readiness.

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

These expenses will be funded through an existing HRSA federal EMSC partnership grant, and has been approved by both HRSA and the Maine EMS Board.

There are 3 portions of expenditures in this program.

1. The EMSC program has conducted multiple Basic Life Support in Obstetric (BLSO) programs throughout the State of Maine. Maine CDC and DHHS have provided funding to be utilized for these classes. As these classes are already scheduled and funded to a limit of 12 classes per year, and this conference desired a BLSO program, we determined the costs for similar programs and to fund a class at this conference. With the large catchment and attendance anticipated at the conference, this offering will increase EMS clinicians’ readiness for newborn and obstetrical emergencies. The costs will vary slightly based on the number of student registrations for the 8-hour program, as there is national registration and course pre-work for each student, but are capped at \$4,000. This represents the average cost of all other BLSO courses previously offered throughout the state.
2. The EMS conference was evaluated for content related to pediatric education. In an hour-by-hour analysis, approximately 30% of all hours were directly pediatric in nature, and a further 20% was applicable to clinicians providing pediatric care or was universal to all patient age groups. The

PART III: SUPPLEMENTAL INFORMATION

EMSC program examined the full conference in-person registration cost and found this was \$200 per person, with a maximum attendance of 200 people. This equaled approximately \$100 of registration fees being related to pediatric care, and in order to support access, but not supplant local and individual support, determined that a \$50 reduction, or 25% of the conference registration, of in-person registration fees would lessen burden to attend. This is capped at \$10,000 total, equaling 200 students.

3. With a goal of statewide accessibility, we determined that the cost of registration in its entirety may prevent attendance. In order to support diverse attendance from all 4 EMS regions, and to promote interaction with new Maine EMS Regional Managers, costs were determined to allow a minimum of 5 students from each of the 4 regions to have the in-person conference registration fees covered in their entirety. As #2 already provides a \$50 reduction in cost, this equates to 20 students at \$150 each, for a total of \$3,000. A committee of the regional managers and Maine EMSC will determine selection of applicants to the in-person conference to award from each region.

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

Should other non-profit entities offer statewide EMS education related to pediatrics, submission of materials and education can be evaluated for subject matter expertise. Evaluation would include % of relevance to pediatric topics, skills, and educational applicability and funding availability. The Maine EMSC program is open to submissions from programs seeking support as approved through both HRSA and the Maine EMS Board.

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’s signatory understands and acknowledges Maine’s Conflict of Interest statutes and, in accordance with statute, 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

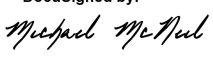
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	<i>Derek A Gorneau</i>		
Typed Name:	Derek Gorneau	Date:	6-Nov-2025

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:	<small>DocuSigned by:</small> 		
Typed Name:	Michael McNeil	Date:	11/21/2025






20251105-Maine-Medical-Center-PJF

Final Audit Report

2025-11-06

Created:	2025-11-05
By:	Erin Ludwig (Erin.Ludwig@maine.gov)
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