



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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 Center for Disease Control & Prevention Division of Disease Prevention | |
| Department Contract Administrator or Grant Coordinator: | | Chris Moiles / Feargal Semple | |
| (If applicable) Department Reference #: | | CD0-25-4424 | |
| Amount: (Contract/Amendment/Grant) | \$46,000.00 | Advantage CT / RQS #: | CT 10A 20241105000CD0254424 |
| CONTRACT | Proposed Start Date: | 1/1/2025 | Proposed End Date: 6/29/2025 |
| AMENDMENT | Original Start Date: | | Effective Date: |
| | Previous End Date: | | New End Date: |
| GRANT | Project Start Date: | | Grant Start Date: |
| | Project End Date: | | Grant End Date: |
| Vendor/Provider/Grantee Name, City, State: | | Central Lincoln County YMCA Damariscotta, ME | |
| Brief Description of Goods/Services/Grant: | | Community programming for blood pressure control and bi-directional referral 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. University 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 agreement provides support for community programming and expansion opportunity for bi-directional referrals. The National Cardiovascular Health Program (CDC-RFA-DP-23-0004) encourages hypertension control through self-measured blood pressure (SMBP) and community-clinical linkages. The Provider will facilitate SMBP programming in partnership with local primary care practices and will support state effort to identify and manage patients at high risk for poor cardiovascular related outcomes.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The National Cardiovascular Health Program looks to support initiatives through highest identified prevalence census tracts and considers these areas to be of priority. Most recent estimates show 3 census tracts with hypertension prevalence of 35.8%, 35.5% and 39.7%, as compared to state average of 33.1% in Lincoln County, ME (CDC PLACES, 2024). The Central Lincoln County YMCA is the only licensed provider of SMBP in Lincoln County, has existing infrastructure to support SMBP, has a history of program expertise and trained personnel and can leverage immediate delivery of programming. This positions them uniquely to immediately begin to address hypertension in Lincoln County. The CLC YMCA supports two primary care practices for bi-directional referrals and will expand network outreach with this opportunity, including involvement of the Boothbay YMCA. Expansion to include the Boothbay YMCA is crucial to engage a wider network of primary care practices and the patients they serve. The YMCA is committed to bi-directional referrals with healthcare providers, ensuring patients receive comprehensive care, which enhances the continuity of care and improves health outcomes for individuals managing hypertension. Both the CLC YMCA and the noted primary care practices have strong relationships with local residents. This trust is crucial for engaging participants and producing a successful program within the contract timeline. Timeline is dictated by the use of carryover funding per the US CDC.

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

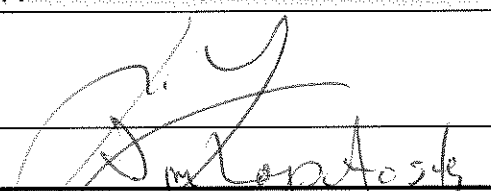
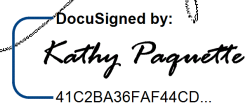
The negotiated costs and rates align with current market value and previous vendors for health behavior related programs and strategies.

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 the Central Lincoln County YMCA is the only licensed provider in Lincoln County and has already developed relationships with primary care practices and local residents in the priority area established by CDC-RFA-DP-23-0004.

| 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 | |
|---|--|
| <i>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.</i> | |
| <input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes. | |

| PART VI: APPROVALS | | | |
|---|--|-------|------------------|
| The signatures below indicate approval of this procurement request. | | | |
| Signature of requesting Department’s Commissioner (or designee): |  | | |
| Typed Name: | <i>[Handwritten Name]</i> | Date: | <i>19-Dec-24</i> |
| Signature of DAFS Procurement Official: |  <small>DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...</small> | | |
| Typed Name: | Kathy Paquette | Date: | 12/27/2024 |