



### 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:		MCDCP/Division of Disease Prevention/Maternal and Child Health	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Nicole Mitchell	
(If applicable) Department Reference #:		CD0-26-4260	
Amount: (Contract/Amendment/Grant)	\$ 365,040.00	Advantage CT / RQS #:	CT 10A 20250626000CD0264260
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2027
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:		MaineHealth DBA Maine Medical Center Portland, Maine	
Brief Description of Goods/Services/Grant:		Comprehensive Genetic Services	

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 contract is for comprehensive newborn bloodspot screening services for diagnosis and management of bloodspot panel screening conditions to improve clinical outcomes. Services also include education for health care providers and others related to genetics and the impact of genetics on health. The purpose of this contract is to:

- Develop a statewide system of comprehensive, high quality, and accessible comprehensive newborn bloodspot screening services that are family-centered
- Provide comprehensive clinical genetic services throughout Maine to individuals up to the age of 22
- Provide education and training to providers, families, and the Department regarding newborn screening and the impact of newborn screening on the health of children and families.

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

These are highly specialized clinical services. There are no other agencies in Maine that hold the necessary certifications to host these clinics.

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

Costs are consistent with previous contracts.

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

The Department does not intend to RFP these services at this time.

### 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.

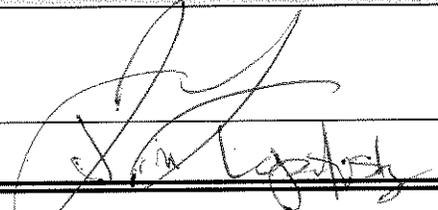
### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	3 - Nov - 25
Signature of DAFS Procurement Official:	<p>DocuSigned by:                        Kathy Paquette                      41C2BA36FAF44CD...</p>		
Typed Name:	Kathy Paquette	Date:	11/20/2025