



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 / Tobacco Prevention and Control / Division of Disease Prevention		
Department Contract Administrator or Grant Coordinator:	Chris Moiles/Nicole Mitchell		
(If applicable) Department Reference #:	CD0-26-4419		
Agency Department Code:	10A	Advantage CT / RQS #:	CT 20251104000CD0264419
Amount: (Contract/Amendment/Grant)	\$446,251.00		
CONTRACT	Proposed/Original Start Date:	12/1/2025	Proposed/Most Recent End Date: 11/30/2027
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:	Welco LKA Inc. dba BMTFP Sharpsburg, GA.		
Brief Description of Goods/Services/Grant:	Evidence-based tobacco quit program for the pregnant and postpartum population		

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.

Maine has a higher-than-average tobacco use rate among pregnant and postpartum people. Data shows that 19.1% of women were smoking around the time of conception. 8.2% of women were still using tobacco products during the last three months of pregnancy.

Tobacco use remains the number one cause of preventable death in Maine, and tobacco use during pregnancy not only harms the pregnant but is also associated with poor birth outcomes.

According to established literature, 43% of women who attempt to quit tobacco during pregnancy, will resume using tobacco postpartum without interventions. Additionally, Maine is preparing for a tobacco tax increase that will impact and/or motivate more people among the pregnant population to attempt to quit.

The services in the proposed agreement provide a minimum of six (6) telehealth counseling sessions per person for pregnant people, and provides four (4) postpartum telehealth counseling, per person to help address tobacco use among this population. This agreement will allow for telehealth services to be available to up to 250 people per year, with the potential to add more availability, if deemed necessary. In addition to the quit services, the Provider will offer training and technical assistance to health care providers and stakeholder to support engagement with the population.

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.

This service provided by the vendor is proprietary and evidence-based and has demonstrated higher than average quit rates among the pregnant and postpartum populations in other states. Maine CDC intends to pilot this program for two (2) years to see if the results (i.e. a 60-70% quit rate among participants) can be applied and duplicated among Maine people.

The pregnant and post-partum population is a priority population of the Tobacco Prevention & Control Program. With Maine increasing the tobacco tax in January 2026, the pregnant and post-partum population is likely to be more motivated to quit because of the financial burden of the tax increase. Additionally, the Tobacco Prevention & Control Program has conducted a needs assessment for this population and the Baby & ME Tobacco Free Program was a recommendation in the findings.

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

The funding was allocated based upon the number of people anticipated to receive the services. The vendor's fees are preset. The flat fee includes counseling sessions, supplies to test the enrollees to ensure they are not using tobacco, and training and technical assistance throughout the contract period.

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

This service is proprietary and unique to this Provider. If the Department continues with this specific service, it will not be competitively procured.

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) or (026) – 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 affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, 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

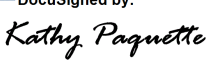
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	4 - Dec - 25

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:	DocuSigned by: 		
Typed Name:	Kathy Paquette	Date:	12/15/2025