



## 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 / Disease Control and Prevention / Asthma Prevention and Control Program			
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Nicole Mitchell			
(If applicable) Department Reference #:	CD0-26-4508			
Agency Department Code:	10A	Advantage CT / RQS #:	CT 10A 20251121000CD0264508	
Amount: (Contract/Amendment/Grant)	\$146,934.00			
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	9/30/2026
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 Indoor Air Quality Council Augusta, ME			
Brief Description of Goods/Services/Grant:	Project lead for implementation of the Maine Indoor Air Quality Monitoring Pilot Project			

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.

Participants in the Maine Asthma Self-Management (Maine AS-ME) Program need additional tools for more effectively creating and maintaining home environments that contribute to improved asthma control. Using limited-duration funding, the Maine Indoor Air Quality (IAQ) Monitoring Pilot Project will pilot the use of IAQ monitoring devices as educational tools for increased identification and reduction of asthma triggers within participant homes. The project will be implemented by Maine AS-ME Program educators with a subset of program participants through September 30, 2026. Evaluation findings from the project will inform opportunities for further project refinement and possible future scale-up.

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.

The selected vendor is the sole organization in Maine focused on educating and promoting awareness of air quality issues in indoor environments. By combining its expertise on best practices for addressing common indoor air pollutants in Maine homes with partnered experts in IAQ monitoring, it is uniquely positioned to lead the assessment of IAQ monitoring as a tool for asthma trigger reduction in the homes of Maine AS-ME Program participants. Additionally, given the project's limited funding period, the vendor's inclusion of experts with extensive IAQ monitoring experience will strengthen the project's capacity to achieve timely and successful implementation.

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

Funding for the Maine IAQ Monitoring Pilot Project was allocated by the Preventive Health and Health Services Block Grant.

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

This 1-year pilot project is funded for the performance period of 10/01/2025 to 09/30/2026. If additional funding becomes available after 9/30/2026, the contract will be extended for a second year, and an RFP will be performed for services starting 10/1/2027.

### 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**

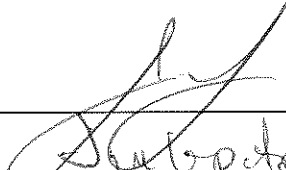
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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:	<i>Kathy Paquette</i>	Date:	<i>17-Dec-25</i>

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: <i>Kathy Paquette</i>		
Typed Name:	Kathy Paquette	Date:	12/29/2025