



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:		MCDCP/Operations		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Nicole Mitchell		
(If applicable) Department Reference #:		CD2-26-1115		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 10A 20250926000CD2261115	
Amount: (Contract/Amendment/Grant		\$640,857.00		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	9/30/2027
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:		City of Portland, Division of Public Health Portland, Maine		
Brief Description of Goods/Services/Grant:		Public Health Infrastructure		

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

These services are provided by funding through Public Health Infrastructure Grant (23NE11OE000003A1C6). The infrastructure funding is designated to strengthen the public health infrastructure, including continued efforts to sustain the workforce. 3 FTE staff are funded via this contract for 21 months and will be addressing priority public health issues. One contractor will work half-time for 12 months.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

The funding for this contract is from the Public Health Infrastructure grant, <https://www.cdc.gov/infrastructure/phig/index.html>, which requires a portion of the funding go to Local Public Health Departments. Funding has been allocated to all Municipalities with a public health department or division (Bangor and Portland).

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

The costs have been negotiated and are fair and reasonable: all activities have been approved by the US CDC; salaries and benefits are commensurate with similar positions within Maine DHHS; and other costs were fully justified. Overall funding was determined by the identification of activities appropriate to the Grant, as well as Grant requirements for a specific portion of the grant to fund local public health infrastructure.

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

The Public Health Infrastructure Grant funding is a one-time grant that must be spent by 11/30/27. This contract includes all funds remaining in the allocation for Portland Public Health and is a renewal of the previous contract. There is no competition because all eligible vendors are receiving funding.

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.

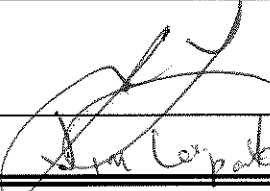
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>Kathy Paquette</i>	Date:	10-Dec-25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	12/18/2025