



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 / Storm Dexter		
(If applicable) Department Reference #:		CD6-26-1114		
Agency Department Code:	10A	Advantage CT / RQS #:	CT-10A-20251017000CD6261114	
Amount: (Contract/Amendment/Grant)		\$814,375.00		
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 Bangor Bangor, ME		
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 checked="" 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 checked="" 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. The COVID-19 Workforce funding is designated to establish, expand, and sustain a public health workforce. The Infrastructure funding is designated to strengthen the public health infrastructure, including continued efforts to sustain the workforce and to support efforts towards public health accreditation. 1.55 FTE Staff funded via this contract will be addressing public health issues that have emerged or intensified as a result of COVID-19 and as a result of the HIV/HCV outbreak in Bangor. Contracts and other expenses will support the vendor's public health workforce via updated technology and increased professional development activities and will support the vendor's public health accreditation efforts.

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 funding for this contract is from the Public Health Infrastructure grant from the US CDC: <https://www.cdc.gov/infrastructure/phig/index.html> It 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). This is 'Willing and Qualified' in that any municipality with a Public Health Department seeking the funds would be awarded.

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 as follows: all activities have been approved by the US CDC, salaries and benefits are generally 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 is one-time funding and must be spent by 11/30/27, with flexibility regarding when during the grant period funds are spent. The funds in this contract represent remaining allocations for Bangor Public Health and Community Services. There is no competition because all eligible vendors are receiving funds.

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

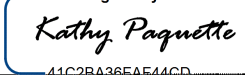
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>Dina Caputo</i>	Date:	<i>4-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:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	2/24/2026