



## 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/Division of Disease Prevention/Public Health Nursing		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple; see attached list		
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple; see attached list	
Amount: (Contract/Amendment/Grant)		Multiple; see attached list		
CONTRACT	Proposed/Original Start Date:	1/1/2026	Proposed/Most Recent End Date:	6/30/2026
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:		Multiple; see attached list		
Brief Description of Goods/Services/Grant:		One-time grant funding to the state's Free Health Clinics.		

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.

Pursuant to Public Law, Chapter 439, An Act to Fund Free Health Clinics, the Department of Health and Human Services is to provide grants to the State's free health clinics. Notwithstanding any provision of law to the contrary, the Department of Health and Human Services shall provide the funds appropriated to the State's free health clinic. In issuing the grants, the department developed a criteria whereby each free health clinic, would provide services to those that are uninsured or inadequately insured, and where clinics otherwise operated with no other public funding. As a condition of receiving grant funding, each free health clinic must, no later than July 31, 2026, report to the department information about how the grant funding would be used by the clinic.

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.

DHHS, Maine Center for Disease Control and Prevention (MCDPCP) has determined that these providers are willing and qualified providers meet the definition of Free Health Clinics as defined by the 132<sup>nd</sup> Maine Legislature, Public Law, Chapter 439, First Special Session, LD #70 – An Act to Fund the State's Free Health Clinics. The selection was based on statutory reference and provided as part of documentation for the submission of the fiscal estimates for the legislative process.

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

Funds were allocated to the Free Health Clinics by Public Law, Chapter 439, LD #70. The amount each clinic receives is determined by a base payment plus an additional payment according to how many hours per week they are in service.

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

The department does not plan to competitively procure these willing and qualified services in the future

### 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

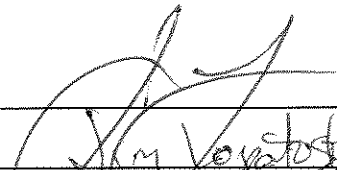
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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 Veasley	Date:	30 - Mar - 26

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:	DeouSigned-by: 		
Typed Name:	Kathy Paquette	Date:	4/7/2026

Procurement Justification Form (PJF)

DHHS Office: MCDC  
 Service: CHN-SFY26

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
Oasis Health Network	CD0-26-4103	20260108000CD0264103	1/1/2026	6/30/2026	\$13,350.00
Trinity Jubilee Center	CD0-26-4104	20260108000CD0264104	1/1/2026	6/30/2026	\$7,400.00
Friends of the Portland Community Free Clinic	CD0-26-4105	20260108000CD0264105	1/1/2026	6/30/2026	\$15,900.00
Mid-Coast Health Net Inc	CD0-26-4106	20260108000CD0264106	1/1/2026	6/30/2026	\$13,350.00
<b>Total Items</b>	4			<b>Totals</b>	\$50,000.00