



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/ Maine CDC	
Department Contract Administrator or Grant Coordinator:		Melanie Boucher	
(If applicable) Department Reference #:		CD9-24-4561	
Amount: (Contract/Amendment/Grant)	\$ 63,000.00	Advantage CT / RQS #:	CT 10A 20231121000000001468
CONTRACT	Proposed Start Date:	1/1/2024	Proposed End Date: 6/29/2025
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Houlton Band of Maliseet Indians Littleton, ME	
Brief Description of Goods/Services/Grant:		Evidenced based program delivery	

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. University 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.

Houlton Band of Maliseet Indians will start and deliver a culturally appropriate National Diabetes Prevention Program (National DPP) and Childhood Obesity Intervention. There is a lack of access to National DPP programs for tribal communities and little to no access to any childhood obesity interventions.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

In keeping with the Tribal-State Collaboration Act of 2022 (5 M.R.S. §§ 11051 et seq), Maine CDC will engage the Houlton Band of Maliseet Indians as a sole source, contracted partner to adapt and deliver the National DPP and a childhood obesity intervention, to the culture and needs of indigenous peoples in Maine. Tribal populations have been identified using data by Maine CDC as a high priority population in a high area of need for diabetes prevention and obesity prevention programs.

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

Negotiated rates are in part dictated by CDCs Grant guidance and align with what other contract partners are requesting for similar services.

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

Maine CDC has no plans for future RFP of these services, specific to reaching tribal populations. Maine CDC has already completed an RFP (202308167) for the same services for non-tribal partners.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

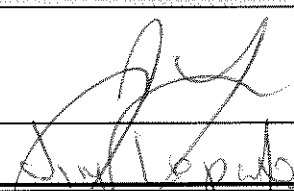

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	4-16-24
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA38FAF44CD		
Typed Name:	Kathy Paquette	Date:	1/16/2024