



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 Center for Disease Control and Prevention, Office of Population Health Equity		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Brianne Carrero		
(If applicable) Department Reference #:		CD2-24-1572		
Amount: (Contract/Amendment/Grant)		\$250,000.00	Advantage CT / RQS #:	CT-10A-20231013000000001108
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date:	5/31/2024
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:		Mercy Hospital dba Northern Light Mercy Hospital Brewer, ME		
Brief Description of Goods/Services/Grant:		Reduce racial/ethnic COVID-19 health disparities by investing in capacity and infrastructure needs, increasing long-term ability to address social determinants of health and reduce COVID-19 related cases, hospitalizations and deaths in communities that experienced COVID-19 disparities.		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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.

The Provider shall implement programs and activities within communities that address the root causes of COVID-19 or address the social determinants of health that are unique to the community by advancing health equity, by creating the resource(s) needed to address these broader needs any by providing services in culturally relevant, linguistically appropriate, and timely ways.

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

This is a sole source new contract for a procurement period of 10/1/2023 – 5/31/2024.

Northern Light Mercy Hospital is uniquely positioned to provide critical services to pregnant and post partem people experiencing homelessness, as well as immigrant women and families who are at risk of homelessness. This population is not currently targeted by any other organization funded through Office of Population and Health Equity (OPHE). Northern Light Mercy Hospital is filling a needed niche in Portland to address COVID-19 disparities in this vulnerable population.

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

The costs associated with these services have been reviewed by the Department for fairness and allowability. Funding is comparable with awards given to other COVID-19 Community Resilience providers and was reviewed by the department for the types of health equity services they will provide and the number and type of community engagement activities they will provide.

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

The Department does not anticipate the availability of additional funding after this period.

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

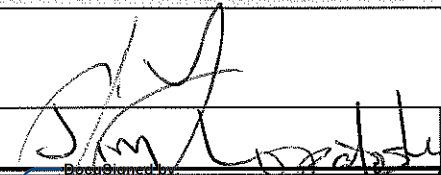

Does this request utilize ARPA/MJRP funds?

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):			Date:	21-Nov-23
Typed Name:				
Signature of DAFS Procurement Official:			Date:	1/29/2024
Typed Name:	Kathy Paquette			