



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:		Permanent Commission on the Status of Racial, Indigenous, and Tribal Populations		
Department Contract Administrator or Grant Coordinator:		Hunter Cropsey, Acting Operations Director		
(If applicable) Department Reference #:		N/A		
Amount: (Contract/Amendment/Grant)		\$ 12,000.00	Advantage CT / RQS #:	20240108000000001916
CONTRACT	Proposed Start Date:	2/12/2024	Proposed End Date:	8/31/2024
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:		Cross Cultural Community Services Portland, ME		
Brief Description of Goods/Services/Grant:		To support development, execution, and reporting of the 2024 Black History Month Community Wellness Fair, exploring the theme "Trauma, Grief, Hope, and Joy" through the lens of social determinants of mental healthcare.		

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
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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 purpose of this Contract is to support development, execution, and reporting of the 2024 Black History Month Community Wellness Fair, exploring the theme “Trauma, Grief, Hope, and Joy” through the lens of social determinants of mental healthcare. Specific deliverables include: (1) procure and coordinate event guest speakers, (2) conduct outreach and support for BIPOC community member attendance at the event, as needed, (3) procure and circulate promotional materials related to the event, including the Permanent Commission's logo as an event sponsor, as relevant, (4) procure event rental space and other services/ materials supporting event logistics, as needed, (5) Report to the Department outcomes of the event, including information on event attendance, attendee event evaluations, and other reporting content agreed with the Permanent Commission.

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

The Permanent Commission is tasked in statute to “promote and coordinate activities on state and local levels designed to meet the problems faced by historically disadvantaged racial, indigenous and tribal populations.” In pursuit of this statutory, the Permanent Commission seeks to forward community driven activities that raise awareness for issues impacting historically disadvantaged populations. The Black History Month Community Wellness Fair hosted by Cross Cultural Community Services is just such an activity, and this contract will support the engagement with and education of BIPOC communities in Maine regarding the social determinants of mental healthcare. The vendor was selected for a sole source because they are the coordinator of the Black History Month Community Wellness Fair, managing all event planning and execution.

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

The negotiated costs represent market rate for culturally appropriate community engagement and event services. These costs have been negotiated with the Permanent Commission.

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

The Department is providing one-time funding in support of this event and may not elect to continue similar work through future contract opportunities.

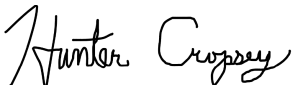
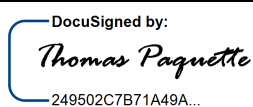
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> 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:	Hunter Cropsey, Acting Operations Director	Date:	1/25/2024
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Thomas Paquette 249502C7B71A49A...</small>		
Typed Name:	Thomas Paquette	Date:	1/31/2024