



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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:	ME CDC /Division of Disease Prevention – Maternal and Child Health		
Department Contract Administrator or Grant Coordinator:	Chris Moiles/Lyndsay Frank		
(If applicable) Department Reference #:	CD0-25-4242		
Amount: (Contract/Amendment/Grant)	\$ 124,435.60	Advantage CT / RQS #:	CT-10A- 20241210000CD0254242
<b>CONTRACT</b>	Proposed Start Date:	1/1/2025	Proposed End Date: 12/31/2025
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Altarum Institute, Ann Arbor, Michigan		
Brief Description of Goods/Services/Grant:	Develop a Readiness Assessment and Interoperability Roadmap for NBS in the State.		

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.

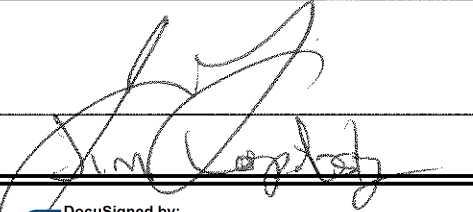
PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Altarum's Innovations in Newborn Screening Interoperability (INBSI) project was established specifically to work with Newborn Bloodspot Screening (NBS) programs across the country to learn, collaborate and advance interoperability within the newborn screening community to ultimately aid in the reduction of morbidity and mortality associated with heritable disorders in newborns and children. Maine CDC's NBS program will benefit from these services, and it will enable the program to better serve all families in Maine.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Altarum's INBSI is a novel expert in this field. INBSI held a cooperative agreement with Health Resources and Services Administration (HRSA) for their first program, and they have experience working with other Co-Propel Grantees through this program so they are familiar with HRSA guidelines. Their services and network make them the best and <b>only vendor</b> to assist the State's NBS program in the goal of reaching interoperability. The provider was also written into the competitive grant which was part of the reason Maine was awarded it.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Program staff negotiated the rate with the provider based on other needs assessment/recommendation development projects. This was the budget awarded through HRSA's competitive grant process.
4. Describe the plan for future competition for the goods or services.	This is a one time project that does not need future competition for bids.

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: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.	

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	19 - Dec - 24
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	1/16/2025