



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**OFFICE OF STATE PROCUREMENT SERVICES**  
 STATE OF MAINE

**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:		MCDCP/Division of Disease Prevention/Maternal and Child Health	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		CD0-25-4231	
Amount: (Contract/Amendment/Grant)	\$ 311,809.00	Advantage CT / RQS #:	CT 10A 20240620*CD0254231
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2026
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:		Medical Care Development Augusta, ME And Maine Children's Trust Augusta, ME	
Brief Description of Goods/Services/Grant:		Purchase of an online service for tracking access to referrals for the Home Visiting Program.	

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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1.	Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
<p>The purpose of this Agreement is to provide to the Department a data collection and reporting service for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding requirements to track progress of the program's objectives. The Provider shall provide maintenance, monitoring and hosting of an electronic tracking service to be used by the Local Implementing Agencies (LIA's), authorized users and the Department. This service is set up to comply with Federal and State reporting requirements for the Home Visiting Program and the Parents as Teachers evidence-based program.</p>	
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
<p>This online service is uniquely able to meet the State needs due to the required reporting requirements for the MIECHV federal grant as well as the evidenced based program, Parents as Teachers. The Provider created this data collection and reporting service, Electronic Records and Information Network (ERIN) application, for the Home Visiting program. The Provider has proprietary rights on the service as they developed, enhanced and maintain it.</p> <p>This vendor truly is the only vendor who can provide the level of expertise and delivery of what is needed for the federal grant.</p>	
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
<p>The costs were based upon the sub contractual amounts and were reduced through negotiations.</p>	
4.	Describe the plan for future competition for the goods or services.
<p>The Department does not intend to RFP these services as they are proprietary and meet the exact needs of the Department.</p>	

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
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.	

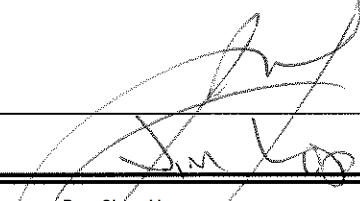
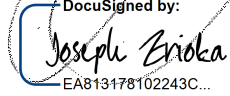
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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 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:	J.M. Lavoie	Date:	10-Dec-24
Signature of DAFS Procurement Official:	DocuSigned by:  Joseph Zrioka EAB13178102243C...		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	12/12/2024