



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:		Maine CDC/State Epidemiologist		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Brianne Carrero		
(If applicable) Department Reference #:		CD0-25-3102A		
Amount: (Contract/Amendment/Grant)	Orig: \$28,400.00 Amend A: \$14,400.00 Revised: \$42,800.00	Advantage CT / RQS #:	CT 10A 20241024000CD0253102	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/27/2024	Effective Date:	10/27/2024
	Previous End Date:	10/26/2025	New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Stephen D. Sears, MD Belgrade, Maine		
Brief Description of Goods/Services/Grant:		Medical Epidemiology on-call coverage and consultation		

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 checked="" 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 State Epidemiologist is required to be on call 24/7 to respond to matters that are urgent in nature and require medical guidance. The Deputy State Epidemiologist shared this responsibility in the past. Maine CDC no longer has a Deputy State Epidemiology Position and would like to contract for back-up medical epidemiology coverage to provide two weeks of weekday, evening coverage and weekend coverage per month for 10 months and coverage for four full weeks of vacation for the State Epidemiologist.

Clinical medical consultation services are needed due to changes in the Department that have resulted in the absence of staff who can provide clinical feedback and input to the State Epidemiologist.

Title 22, Chapter 250 identifies the mandates of the Division and the services needing medical expertise.

Due to the 24/7 specialized nature of the work and the need for a license to practice medicine in Maine, it is not possible to provide adequate coverage with existing staff. Sufficient staffing, resources, or expertise is not available within the State of Maine government, or any other governmental entity.

Amendment A adds a monthly retainer fee in which was missing in the original contract. This was part of the negotiated agreement with Dr. Sears for this work. The added funds are ARPA funds.

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

The contractor is a former Maine State Epidemiologist with over four years of prior experience in that role. As a former State Epidemiologist, the contractor is currently the most qualified physician in the State of Maine to perform these services to meet the Department's needs. No training is necessary.

The contractor is an infectious disease specialist with extensive experience with and knowledge of Notifiable Conditions in Maine as well as the rules for the control of notifiable disease and conditions in the state of Maine. The contractor has experience working with the staff within the Division of Disease Surveillance and has full knowledge of program infectious disease protocols.

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

The fee was arrived at based on a prior contract (CDC-17-3110 Intermed PA) for a similar type of service. \$21,200 is a nominal fee to pay for the amount of on-call coverage being requested. This vendor has prior experience as the Maine State Epidemiologist. This vendor could efficiently and effectively provide this service without any training making this a cost-effective option. This is a renewal of CD0-23-3102 with no change in costs.

The Department looked at available companies to provide these items; this individual was the only one that could support the Department's needs.

PART III: SUPPLEMENTAL INFORMATION

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

The Department does not intend to RFP these services.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

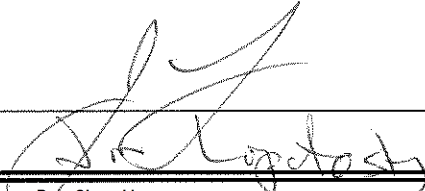
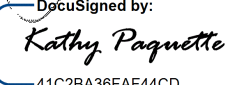
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:		Date:	16 Dec 24
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	1/22/2025