



## 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:	DHHS/Rural health and Primary Care Program/Nicole Breton			
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Melinda Farrell			
(If applicable) Department Reference #:	CD0-24-2251B			
Amount: (Contract/Amendment/Grant)	Current: \$396,523.00 Amend B: \$24,807.00 Revised: \$421,330.00	Advantage CT / RQS #:	CT 10A 2023073100000000204	
<b>CONTRACT</b>	Proposed Start Date:		Proposed End Date:	
<b>AMENDMENT</b>	Original Start Date:	<b>9/1/2023</b>	Effective Date:	1/1/2025
	Previous End Date:	<b>8/31/2025</b>	New End Date:	No change
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	New England Rural Health Association Barre, VT			
Brief Description of Goods/Services/Grant:	New England Performance Improvement Healthcare Collaborative and education and training for health professionals in rural areas			

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.	<p><b>This amendment will increase the budget by \$24,807. All \$24,807 of these funds will be used to increase State Office of Rural health Activities, including training to expand the healthcare workforce, retain existing professionals, and promote new rural health best practices and operational models.</b></p> <p>These funds have been obtained by a federal grant approved carryover request. The program is the State Office of Rural Health Grant #6 H95RH00112-33-01 (CFDA #93.913) While these funds will be used to increase existing activities, these amounts represent a one-time allocation.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>As a grant partner the NERHA coordinates the many activities for this multi-state collaboration including an Annual Symposium, coordination of the New England Performance Improvement Collaborative (NEPI) and Critical Assess Hospital (CAH) professional education/certification for Quality Improvement/Infection Control/Patient Safety/Value-Based Purchasing through the Institute for Health Care Improvement (IHI) Open School. No other entity within the New England States has the unique business attributes as well as the stated mission or expertise to provide these services to the HRSA-24-002 Flex Program recipients from the New England States.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The administrative and operational costs of the NERHA are divided among the New England States. This collaborative reduces per State costs while increasing resources that are available to Maine's Healthcare providers and other stakeholders that would otherwise be unavailable in a single-state project. The NERHA reduces duplication of limited resources and improves efficiency to accomplish its work across the State.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department does not intend to competitively bid these services.</p>

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.	

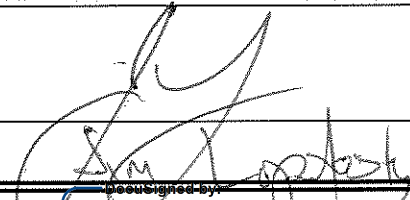

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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:	Amy Lapointe	Date:	9-Jan-25
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	1/22/2025