

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Maine CDC / Disease Prevention and Control	
Department Contract Administrator or Grant Coordinator:		Chris Moiles-Debbie Weston	
(If applicable) Department Reference #:		CD0-20-4562A	
Original Contract Amount:	\$ 57,245.00	Advantage CT / RQS #:	CT # 10A 20191217*1879
Amendment Amount	\$ 59,500.00		
Revised Amount	\$ 116,745.00		
<b>CONTRACT</b>	Proposed Start Date:		Proposed End Date:
<b>AMENDMENT</b>	Original Start Date:	1/1/2020	Effective Date:
	Previous End Date:	6/29/2021	New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Hart Consulting Inc. Gardiner, ME	
Brief Description of Goods/Services/Grant:		Strategic Planning and survey	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
The purpose of this amendment is to assist in the determination of the Program in preparation for developing the new request(s) for proposals for the Maine Prevention Services (MPS) Initiative, in 2021, the Maine CDC is seeking input from a variety of stakeholders and partners to inform the process. Generally, they would like to learn:
<ul style="list-style-type: none"> <li>• What is working in the MPS Initiative?</li> <li>• What is not working in the MPS Initiative?</li> <li>• What input do partners/stakeholders have on the future structure of the MPS initiative?</li> </ul>
The Tobacco and Substance Use Prevention and Control Program, Program Director seeks support from Hart Consulting to obtain this valuable feedback from partners, stakeholders, and those involved in the MPS programming at the state, district, and local levels.

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## PART III: SUPPLEMENTAL INFORMATION

**2. Provide a brief justification for the selected vendor to supplement the response in Part II.**

This vendor has experience providing similar services to the Department. The vendor's familiarity with the past and current work of the Department makes them wholly qualified and undoubtedly uniquely suited to complete this work. The Vendor also has an expert-level understanding of the Department's requirements and that knowledge will ensure that the Department receives the highest-quality services and products that meet the expectations of the Department. The vendor also has existing professional relationships with stakeholders that will be leveraged to meet the needs of the Department.

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

The rates outlined in the proposed budget are reasonable and equitable to rates outlined in other service agreements where personnel and services are rendered.

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

The Department does not intend to RFP these services at this time.

## PART IV: APPROVALS

**Signature of requesting  
Department's Commissioner  
(or designee):**

*By signing below, I signify that I approve of this procurement request.*

**Printed Name:**

**Date:** 22-Jan-21

**Signature of DAFS  
Procurement Official:**

DocuSigned by:

*Kathy Paquette*

**Printed Name:**

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Kathy Paquette

**Date:** 2/9/2021