



**PROCUREMENT JUSTIFICATION FORM (PJF)**

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 intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:		MCDCP/Disease Prevention/HIV-STD Program		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Lora Blackwell		
(If applicable) Department Reference #:		CD0-22-5133		
Amount: (Contract/Amendment/Grant)		\$14,825.00	Advantage CT / RQS #:	CT 10A 20211221000000001558
CONTRACT	Proposed Start Date:	1/1/2022	Proposed End Date:	12/31/2022
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:		NASTAD Washington, D.C.		
Brief Description of Goods/Services/Grant:		HIV Home Testing Kits Purchase and Shipping		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.

The purpose of this Agreement is for purchasing and shipping In-Home HIV testing kits for persons in their respective jurisdictions who request said kits through online dating and hook-up applications and who qualify for free, "no cost" at-home HIV testing kits. This service was piloted in a previous Low Value Service Agreement that has been spent down and this new agreement is to continue this work.

The Department provides supportive, preventive, protective, and public health and intervention services to preserve public health and assist Maine residents in meeting their needs while respecting the rights and preferences of individual families. The Maine Center for Disease Control and Prevention (Maine CDC) provides the leadership, expertise, information and tools to assure conditions in which all Maine people can be healthy.

Maine CDC's Infectious Disease Prevention Program provides services which support the improvement of the health and well-being of Maine residents living with and at risk for certain infectious diseases, such as Human Immunodeficiency Virus (HIV), sexually transmitted diseases (STDs), Tuberculosis (TB), and hepatitis. The Infectious Disease Prevention Program addresses gaps in care not met by other payers to support improved health outcomes, reduce health disparities, and reduce the risk of disease transmission.

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

NASTAD is the leading body for public health officials employed in HIV and Hepatitis disease prevention and care. NASTAD has created the TAKEMEHOME project a method of mailing HIV home test kits to individuals at high risk for HIV infection. This program provides a centralized system for ordering and distributing HIV kits, the development of materials and promotion of testing kits to high risk individuals through dating apps with state-specific information, and provision of data, including testing results, to the Maine CDC. The COVID-19 pandemic has disrupted the health department's traditional in-person outreach to high risk individuals. Maine CDC prevention staff have limited time and capacity to develop remote outreach programs to high risk individuals due to them being reassigned to work on duties involved in COVID-19 prevention. NASTAD is the only known provider with the capacity and expertise to coordinate these different types of remote HIV prevention services as well as marketing on social media.

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

Maine CDC determined that the costs will be fair and reasonable for target population recruitment through mobile apps and HIV Home-Testing Kits delivery based on the rates of costs of advertising, costs of Test-Kits and mailing/shipping.

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

The Department does not intend to competitively bid this service.

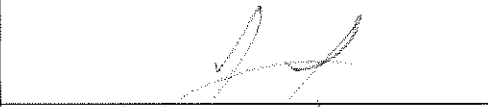
### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).
<input checked="" type="checkbox"/> No – If No, proceed to Part V

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>Jim Paquette</i>	Date:	<i>14 - Jan - 22</i>
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Typed Name:	41C2BA36FAF44CD... 'Kathy Paquette	Date:	1/31/2022