



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:		Maine CDC / Disease Prevention and Control		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Ryan Roberts		
(If applicable) Department Reference #:		CD0-22-4548		
Amount: (Contract/Amendment/Grant)	\$51,277.00	Advantage CT / RQS #:	CT-10A-2021121600000001528	
CONTRACT	Proposed Start Date:	01/01/2022	Proposed End Date:	06/29/2022
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:		MaineHealth Westbrook, ME		
Brief Description of Goods/Services/Grant:		Supplemental funding through DP17-1701 for implementation of evidence-based initiatives in Cancer Survivorship		

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 to complete evidence-based interventions for cancer survivorship in approved work plan for United States Centers for Disease Control and Prevention's (U.S. CDC) Cooperative Agreement: DP17-1701. The MaineHealth Cancer Care Network is Maine's largest Commission on Cancer (CoC) health system in Maine. 75 – 80% of newly diagnosed Maine cancer patients receive some aspect of the cancer directed care at one of their 11 facilities across Maine. The Commission on Cancer requires evidence-based interventions for cancer survivorship including the development of a Survivorship Care Plan (SCP) for patients completing treatment.

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

The previous agreement for these services with MaineHealth ended on 06/29/2020. Due to staffing constraints and vacancies relating to COVID, the vendor was only recently able to resume service delivery with a 01/01/2022 contract start date for the current agreement.

These services support the work of MCDCP's current cancer evaluation vendor, Partnerships for Health, and MaineHealth is listed as a coordinating partner within the Federally approved cancer evaluation workplan. Due to COVID, expanded authority was granted for completion of the workplan, with the restriction that funding be spent according to the existing plan and with existing partners.

MaineHealth was initially selected as a coordinating partner for this service because their Cancer Care Network provides diagnostic and treatment services to approximately 75% of cancer patients within the State of Maine, providing them with access to a high volume of valuable data, which supports evaluation activities.

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

The cost assigned are fair and appropriate for the proposed scope of work. The Department considers the negotiated costs reasonable based on the level of effort proposed by the Provider. The rates have been approved by US CDC.

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

The Survivorship Supplemental funding was only available for the last three years of DP17-1701, end date 06/29/22. If new funding for survivorship becomes available, the Department would seek RFP.

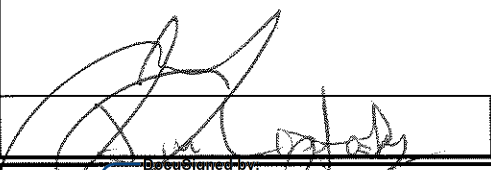
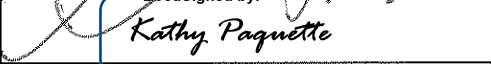
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

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

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:		Date:	2-feb-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	2/11/2022