



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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:		MECD/CP/Population Health Equity		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Jennifer Levesque		
(If applicable) Department Reference #:		CD0-22-1120		
Amount: (Contract/Amendment/Grant)		\$757,537.00	Advantage CT / RQS #:	CT 10A 20220104000000001612
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:		Public Consulting Group, LLC, Augusta, Maine		
Brief Description of Goods/Services/Grant:		Grants Management Services to support Maine Department of Health and Human Services' Initiative to Address COVID-19 Health Disparities.		

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 checked="" type="checkbox"/>	L. Other Authorization: COVID 19

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.

This agreement is to provide Grants Management Services to support Maine Department of Health and Human Services' Initiative to Address COVID-19 Health Disparities. These services will include: Grants management and contract monitoring; Public budgeting and cost allocation; Data collection and program evaluation; and working with the Department and its grantees community-based organizations.

Coronavirus disease 2019 (COVID-19) has disproportionately affected populations placed at higher risk and who are medically underserved, including racial and ethnic minority groups, and people living in rural communities who are at higher risk of exposure, infection, hospitalization, and mortality. Additionally, racial and ethnic minority groups and people living in rural communities have disproportionate rates of chronic diseases that increase the severity of COVID-19 infection and might experience barriers to accessing testing, treatment, or vaccination against the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes COVID-19. This contract is critical to support a \$32.1M grant will provide funding to address COVID-19 and advance health equity (e.g., through strategies, interventions, and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19) in racial and ethnic minority groups and rural populations within state.

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

RFP'd through RFP# 202108128 but there were no bids received so the provider was approached and agreed to provide services.

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

Vendor provided a cost proposal and subsequently negotiated with DHHS leadership to ensure that the proposal was reasonable given the scale of need. Additionally, vendor agreed to bill one section of services at hourly rate to allow cost savings if the Department is able to provide technical assistance to community organizations using its own personnel.

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

This is one-time funding for two years, with a possible third year extension after which if services are still needed the Department will look at procurement methods for services. The initial term for this agreement is one year and may be renewed one (1) time based on the final determination of the award end date from US CDC.




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:	14-Feb-22
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	41C2BA36FAF44CD... kathy Paquette	Date:	2/17/2022