



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:	Permanent Commission on the Status of Racial, Indigenous, and tribal Populations		
Department Contract Administrator or Grant Coordinator:	Hunter Cropsey		
(If applicable) Department Reference #:	N/A		
Amount: (Contract/Amendment/Grant)	\$ 13,000.00	Advantage CT / RQS #:	2023011200000001879
CONTRACT	Proposed Start Date:	2/6/2023	Proposed End Date: 4/15/2023
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 Health Partners, LLC Topsham, ME		
Brief Description of Goods/Services/Grant:	The provider shall conduct a national environmental scan to identify models, tools, best practices, and potential consulting partners to inform the next steps in the development of the Department's Health Equity Impact Analysis (HEIA) initiative.		

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 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 Provider (Public Health Partners) will prepare the following documents to demonstrate the successful completion of the environmental scan: (1) regular meetings with Department staff and commissioners, as requested, (2) a report of environmental scan results including: State-by-state description of any identified healthy equity impact work, at least five one-on-one conversations with professionals in other states/ abroad who have experience or expertise in planning and/ or implementation of health equity impact analyses, links to resources that may be useful in the development of Maine's HEIA program, a summary of preliminary discussions with potential consulting partners to include contact information, a summary of expertise and/or experience, and level of interest in assisting with Maine's effort, and Recommendations, including next steps, and (3) Meet with the Department staff, commissioners, and invited partners/ stakeholders to discuss recommendations for next phase of HEIA project.

The Commission was established under Maine law in 2019 (P.L. 2019, ch. 457, § 2.) and recently funded in October of 2021. To support its continued growth and development, the Commission requires assistance building research systems and procedures. The goal of this short-term contract is to identify potential HEIA program models and partners which the Permanent Commission can then leverage towards Phase II of the project, whereby the Permanent Commission seeks to assemble a team of HEIA experts to design an HIEA program that can be effectively located in Maine. The Permanent Commission plans to procure a team of 2-4 experts for Phase II of the project via RFP and will encourage contacts identified during the environmental scan to apply. The environmental scan will hopefully result in a more robust and geographically diverse applicant pool for the RFP in Phase II.

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

The Provider has unique expertise in research related to public health research as well as a national staff and network, which will make them well suited to conducting a national/international environmental scan of HEIA programs. Moreover, the vendor has a long history of policy research in Maine that makes them well suited to research related tasks of this contract.

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

Negotiated rates are fair and reasonable based on what the provider typically negotiates, as well as the Department's commitment to negotiating rates that encompass equity across relationships with like-providers.

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

The Permanent Commission plans to procure a team of 2 - 4 contracted experts for phase two of the project via RFP and will encourage contacts identified during the environmental scan to apply.

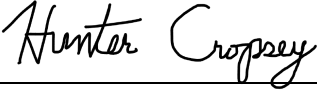

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

<input checked="" type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).
<input 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:	Hunter Cropsey	Date:	01/25/23
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	2/3/2023