



### PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:		ME CDC/Population Health Equity	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell	
(If applicable) Department Reference #:		CD0-25-1120	
Amount: (Contract/Amendment/Grant)	\$454,886.00	Advantage CT / RQS #:	CT 10A 20250127000CD0251120
CONTRACT	Proposed Start Date:	<b>2/1/2025</b>	Proposed End Date: <b>1/31/2026</b>
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 Boston MA	
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			
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.

This is a renewal to contract CD0-23-1120. The purpose of this renewal is to continue services through 1/30/2026 as the result of an extension of the US CDC OT21-2103 Initiative to Address COVID-19 Health Disparities grant. The services encompass the ongoing management of key scopes of work: Grant Budget Management, the Grantee Portal Website, Quarterly Program Reporting, and Contract Management. These are essential for maintaining, supporting, and finalizing the CDC grant requirements through the extended grant term.

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.

These services underwent the competitive procurement process through RFP# 202108128. The Department did not receive any proposals. 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.

The vendor provided a cost proposal and subsequently negotiated with DHHS leadership to ensure that the proposal was reasonable given the scale of need.

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

This is a one-time funding for two (2) years that received an extension. After extension if services are still needed the Department will look at procurement methods for services. The initial term for this agreement was one (1) year and is currently being renewed one (1) time based on the final determination of the award end date from the US CDC.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

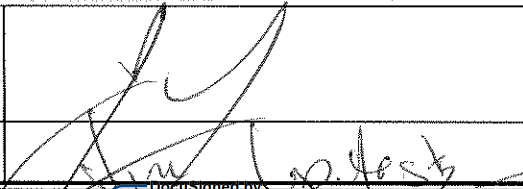
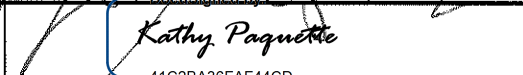
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Amy J. Goss	Date:	4-feb-25
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	2/24/2025