

State of Maine Procurement Justification Form

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 website (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 / Eliza Fielding		
(If applicable) Department Reference #:		CD3-21-4585		
Amount: (Contract/Amendment/Grant)	\$30,000.00	Advantage CT / RQS #:	CT 10A 2021012100000002087	
CONTRACT	Proposed Start Date:	1/1/2021	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:		YMCA of Auburn and Lewiston Auburn, ME		
Brief Description of Goods/Services/Grant:		Androscoggin County Breast Cancer Screening Project		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
<p>DHHS Maine CDC Breast and Cervical Health Program (MBCHP) works to increase access to medically recommended breast and cervical cancer screening and follow-up services by Maine residents. This agreement will support the work of the Western Public Health District Council and District Public Health Liaison to increase awareness among Androscoggin county health care providers and residents regarding the importance of receiving regular breast cancer screening tests. They will meet, convene and collaborate with partners of the Western Public Health District Council to develop and assess impact of implemented breast cancer awareness strategies to increase breast cancer screening in Androscoggin County.</p>

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The scope of work is confined to a specific public health district and geographic location. This vendor has developed relationships with the Western Public Health District Council (including Lewiston and Auburn) and relationships with hospitals and mammogram facilities within their respective communities and is well suited to provide these services to this area.

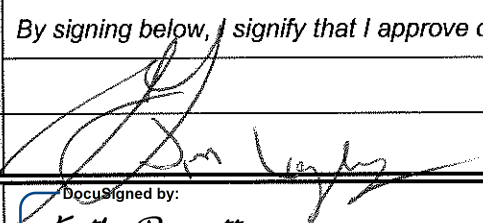
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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.

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

As the Department intends to contract will any willing and qualified provider, there is no intent to competitively procure these services.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	10-Mar-21
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	3/19/2021