

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 / Valerie Andreasen		
(If applicable) Department Reference #:		CD0-21-4570		
Amount: (Contract/Amendment/Grant)	\$ 212,000.00	Advantage CT / RQS #:	CT 10A 20210108000000001997	
CONTRACT	Proposed Start Date:	1/1/2021	Proposed End Date:	9/29/2022
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:		Maine Access Immigrant Network (MAIN) Portland, Maine		
Brief Description of Goods/Services/Grant:		Multilingual Community Health Workers (CHWs) assisting with Viral Suppression and Diabetes Programs		

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
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		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.

The dual purpose of this Agreement is to (1) contract with the Provider and their team of multilingual Community Health Workers (CHWs) who will work directly with Black/African American clients who are referred directly to the Provider from project partners from diagnosis to viral suppression; and (2) to work with the Provider's CHWs and identified project partners to adapt and implement a diabetes self-management education curriculum for Black/African American patients with diabetes.

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PART III: SUPPLEMENTAL INFORMATION

The Provider shall assist these individuals and will link clients to other social support services, strengthen referral networks, participate in trainings, and build relationships with stakeholders and partners. The target population are Black/African American patients, specifically individuals who speak Somali, Arabic, French, Lingala, and Swahili, living in the Greater Portland area.

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

The vendor has an established positive relationship with the populations who will receive this service, having provided health information and referrals to Portland's refugee and immigrant population since 2002. The vendor has established referral mechanisms with Portland area health care providers who will refer patients for asthma self-management education. The vendor employs Community Health Workers who speak Somali, Arabic and French, which are the native languages of the populations targeted to receive this service. The vendor's Community Health Workers have been trained to provide patient self-management education for patients with poorly controlled asthma using a national curriculum; no other Community Health Workers in Maine have received this training.

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

The expenses and salaries are comparable with those of other agreements with this vendor for similar services. 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 Department does not intend to RFP these services at this time.

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:	<i>Jim Lajoie</i>	Date:	<i>16 Feb 21</i>
Signature of DAFS Procurement Official:	<i>DocuSigned by: Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	3/22/2021