



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:		MCDCP/Operations		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/ Jeanne Garza		
(If applicable) Department Reference #:		CD2-21-1115		
Amount: (Contract/Amendment/Grant)	\$1,144,141.00	Advantage CT / RQS #:	CT 10A20211216000000001529	
CONTRACT	Proposed Start Date:	10/1/2021	Proposed End Date:	6/30/2023
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:		City of Portland, Division of Public Health, Portland ME 04101		
Brief Description of Goods/Services/Grant:		COVID_19 Work Force Development		

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 checked="" 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.

These services are provided by funding through the American Rescue Plan to address the continued impact of the Coronavirus Disease 2019 (COVID-19) pandemic on public health including local governments. The funding awarded is designated to establish, expand, and sustain a public health workforce, with a portion of the funding focusing solely on furthering the public health workforce at a local level. The City of Portland will expand their workforce by 3.65 FTE, upgrade information technology systems, and provide additional staff training. The staff will be addressing COVID-19, emergency preparedness, and other public health issues that have emerged or intensified as a result of COVID-19, such as increased rates of substance use and mental health issues, as well as seek sustainable grant funding to continue this work beyond the contract period and to better respond to current and future public health impacts and needs.

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

The funding for this grant is from a Public Health Crisis Response Federal grant (1 NU90TP922141-01 <https://www.cdc.gov/cpr/readiness/funding-ph.htm>) that requires a portion of the funding go to Local Public Health Departments. Funding has been allocated to all Municipalities with a public health department or division (Bangor and Portland).

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

The costs have been negotiated and are fair and reasonable: all activities have been approved by the US CDC as COVID-19 related; salaries and benefits are commensurate with similar positions within Maine DHHS; and other costs were fully justified. Overall funding was determined by the identification of activities appropriate to the Grant, as well as Grant requirements for a specific portion of the grant to fund local public health infrastructure.

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

This is one-time grant funding that must be spent by 6/30/23, and as such, at this time, it is not anticipated there will be continued funding for this service.

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

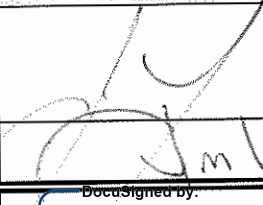
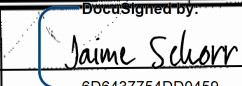
Does this request utilize ARPA/MJRP funds?

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:	Jim Lopatich	Date: 10-Jan-22
Signature of DAFS Procurement Official:		
Typed Name:	Jaime Schorr	Date: 3/9/2022