



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:		Maine CDC/ Division of Disease Prevention		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/ Stacy Martin		
(If applicable) Department Reference #:		CD0-23-4523		
Amount: (Contract/Amendment/Grant)		\$ 28,966.00	Advantage CT / RQS #:	CT 10A 20221209000000001637
CONTRACT	Proposed Start Date:	1/1/2023	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:		University of Maine System dba Office of Research Admin		
Brief Description of Goods/Services/Grant:		Community Health Worker Survey		

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 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 purpose of this agreement is to conduct a workforce survey that will provide the Department and partners with baseline data on the size and scope of the Community Health Worker (CHW) profession in Maine. Community Health Workers are frontline public health workers that have a close understanding of the community where they work and serve as a liaison between health care systems and patients. A CHW workforce survey is an approved workplan activity for the collaborative agreement CDC-DP18-1815.

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

The vendor is a team of researchers from across the University of Maine System (University of Maine in Augusta, University of Southern Maine, and University of Maine) that are working collaboratively with community partners to design and deliver a CHW workforce survey statewide. This vendor is uniquely qualified to conduct the survey because of their statewide reach and their established relationships with CHW organizations, which would enable them to gather comprehensive survey results. The vendor is the only research team in Maine currently studying the CHW workforce, with an existing IRB protocol and qualitative data that would inform survey design and implementation. The vendor would also dedicate in kind funding to the workforce survey.

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

Funding was allocated after discussions with US CDC Federal Project Officer and is included in the current workplan for year 5.

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

The department does not plan to competitively procure services in the future as this is a one-time contract using approved carryover funds.

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

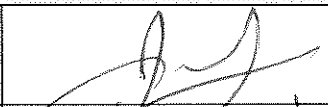

Does this request utilize ARPA/MJRP funds?

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:	<i>[Signature]</i>	Date:	28 Dec 2023
Signature of DAFS Procurement Official:			
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	3/10/2023