

**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/DDS/Infectious Disease Epidemiology		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Jennifer Levesque		
(If applicable) Department Reference #:		CD0-21-5170C		
Amount: (Contract/Amendment/Grant)	Original: \$360,000.00 Amend: \$21,254.00 Revised: \$381,254.00	Advantage CT / RQS #:	CT 10A 20201007000000001180	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	<b>8/1/2020</b>	Effective Date:	5/1/2021
	Previous End Date:	<b>12/31/2022</b>	New End Date:	3/31/2023
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine Health dba Maine Medical Center Westbrook, ME		
Brief Description of Goods/Services/Grant:		Environmental Vector Surveillance		

**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 type="checkbox"/>	G. Grant
<input checked="" 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: RFP Extended

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.

Maine CDC's Division of Disease Surveillance is directed to monitor and control infectious disease in the State, as defined in 22 MRSA Chp 250. Arboviral illnesses including Eastern Equine Encephalitis (EEE), West Nile Virus (WNV), and Jamestown Canyon virus (JCV) are threats in the State and across the United States. Maine CDC contracts for vector monitoring as an early warning system to identify when these viruses start circulating within the state. Part of this monitoring includes pesticide monitoring so that Maine is ready to respond in the event of high levels of circulating virus.

This amendment is to extend this agreement to 3/31/2023 so that Program staff have time to post and review the RFP with a new contract starting 4/1/2023. This amendment also adds tick work back into the scope as this work needs to be started in early Spring and Maine CDC received federal funding to complete this work.

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

MaineHealth's Maine Medical Center Research Institute's Vectorborne Disease Laboratory already has the existing staff, equipment, training, and partnerships that will allow them to complete these services. The provider has internal expertise, equipment, and relationships to complete mosquito and tick surveillance. Surveillance requires a huge time commitment as well as additional equipment costs. Mosquito and tick surveillance also requires an experienced entomologist to identify the vectors to gender and species. The provider has the time and experience to complete vector surveillance in a comprehensive, timely manner.

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

Proposed costs are similar to previous years. There are no other vendors or state personnel who can complete the work in this time frame.

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

The Department intends to competitively procure these services with a 4/1/2023 contract start date.

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

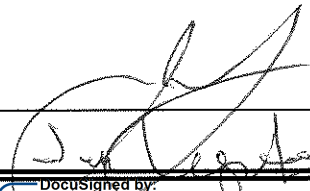

Does this request utilize ARPA/MJRP funds?

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:		Date:	20-Feb-23
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	3/20/2023