



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/Division of Disease Prevention/Maternal & Child Health		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Brianne Carrero		
(If applicable) Department Reference #:		CD0-23-1125		
Amount: (Contract/Amendment/Grant)	\$9,495.00	Advantage CT / RQS #:	RQS 10A 20230313000000001100	
CONTRACT	Proposed Start Date:	4/1/2023	Proposed End Date:	4/15/2024
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:		Daniel Hanley Center for Health Leadership Portland, ME		
Brief Description of Goods/Services/Grant:		Health Leadership Development Course		

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 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 Hanley Center for Health Leadership Physician & Provider Executive Leadership Institute (PELI) Advanced Course is aimed at physician and provider leaders who have the experience, commitment, and passion to lead initiatives that will transform and improve Maine's health and healthcare systems at local, regional, and statewide levels. This course was created in response to the needs of physician leaders and non-physician healthcare executives across Maine. The intent of this course is to guide clinicians with the management and leadership skills needed to transform health and healthcare in their practices, hospitals and other settings. PELI brings national caliber training and faculty to Maine and tailors the course to the specific needs of Maine physicians and providers.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Maine Medical Education Trust and Daniel Hanley Center for Health Leadership. The Maine Medical Education Trust is accredited by the Maine Medical Association Committee on Continuing Medical Education and Accreditation to provide continuing medical education for physicians.

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

The Daniel Hanley Center for Health Leadership is the only provider that has a statewide and specialized role in health leadership development. The Hanley Center has leadership programs that include the Health Leadership Development curriculum that educates health leaders statewide on health disparities. As a result of their unique leadership program offerings, they are the only entity capable of effectively and efficiently expand their work to reach more health leaders and accomplish the grant deliverables.

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

The Hanley Center is competitive compared to other leadership entities that do not have the specialization they do.

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

The Department does not intend to competitively bid this service.

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


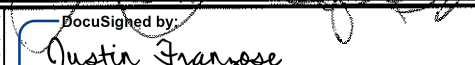
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part VI

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			Date:	27 - May - 23
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	3/30/2023
Typed Name:	Justin Franjose		Date:	