



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.

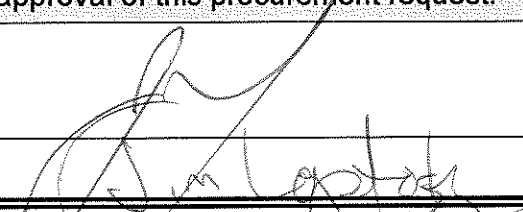
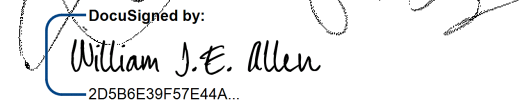
PART I: OVERVIEW			
Department Office/Division/Program:		Maine Centers for Disease Control & Prevention Division of Disease Prevention	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell	
(If applicable) Department Reference #:		CD0-24-5150	
Amount: (Contract/Amendment/Grant)		\$160,000.00	Advantage CT / RQS #: CT 10A 20240131000000002126
CONTRACT	Proposed Start Date:	3/1/2024	Proposed End Date: 6/29/2025
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:		Healthy Acadia Ellsworth, ME	
Brief Description of Goods/Services/Grant:		Prevention program for Indigenous population and high-risk community members related to cardiovascular health	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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.
	This agreement provides support for the priority populations noted for the Maine Center for Disease Control & Prevention's 'National Cardiovascular Health Program (CDC-RFA-DP-23-0004), specific to the learning collaborative portion of the agreement. The funding supports state efforts to identify and manage patients within priority populations at high risk for cardiovascular disease. The Provider shall facilitate health behavior programs and support quality improvement cycles for priority populations within specific census tracts, as noted by the department.
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	Healthy Acadia is a community health coalition serving populations throughout Washington and Hancock counties. For over 20 years, Healthy Acadia has created a vast network of community partners, including Indigenous groups located in Washington County. This population has been identified as high priority and high risk for cardiovascular disease and Healthy Acadia has established relationships with indigenous community leaders. The Department worked with US CDC to identify census tracts with highest prevalence of hypertension and high cholesterol, identifying 3 census tracts that fall within Washington county. One of identified census tracts houses the Indian Township Reservation therefore, Healthy Acadia is a needed liaison between indigenous communities and the department to help build rapport, develop cyclical health behavior change programs, and build on the communities' current strengths and resources. Healthy Acadia is uniquely positioned to recruit leaders and elders in Indigenous groups to participate in the Learning Collaborative health behavior program and to deliver learning opportunities to future groups statewide.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	The negotiated costs and rates align with current market value and previous vendors for health behavior related programs and strategies.
4.	Describe the plan for future competition for the goods or services.
	The Department does not intend to RFP these services at this time, as Healthy Acadia has developed relationships with the state and state processes along with Indigenous groups located in the priority area established by CDC-RFA-DP-23-0004.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> 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-24
Signature of DAFS Procurement Official:	 <small>DocuSigned by: William J.E. Allen 2D5B8E39F57E44A...</small>		
Typed Name:	William J.E. Allen	Date:	3/6/2024

NOI 0320240245 03/06/2024 - 03/12/2024