



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
Table with 4 columns: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Advantage CT / RQS #, CONTRACT/AMENDMENT/GRANT, Proposed Start Date, Proposed End Date, Original Start Date, Effective Date, Previous End Date, New End Date, Project Start Date, Grant Start Date, Project End Date, Grant End Date, Vendor/Provider/Grantee Name, City, State, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION
Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with 4 columns: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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.	
	<p>Maine Medical Professionals Health Program, of which the Medical Professionals Health Committee is a part, and its program staff have been providing advocacy for medical professionals in recovery for nearly 25 years. Although for profit and non-profit entities operate programs for recovery from chemical, mental, or physical impairment within the state, there are none which are designed and statutorily empowered to provide the unique recovery management and advocacy services tailored to licensed osteopathic physicians and physician assistants, except that which is presently provided by the contractor under the terms of the statute and protocols referred to in this contract. The protection of the public and simultaneous regulation of the health care professionals licensed by the Board of Osteopathic Licensure provided and by this particular contractual arrangement do not conform to any other entity contracted with in Maine.</p> <p>This vendor services our licenses in many ways, such as locating appropriate providers to assist them in their disabilities, illnesses, or diseases. They meet with the licensees on a regular basis.</p> <p>The contractor has no unique equipment or facilities, other than they are the only Program that exists in the immediate area.</p> <p>Please refer to 32MRS §2596-A</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
	<p>This contractor is the only program of its sort in the state of Maine, and is crucial to the health and well-being of licensees.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
	<p>The Board negotiates the lowest possible fee for the services provided which are, as noted, unique.</p>
4. Describe the plan for future competition for the goods or services.	
	<p>To my knowledge, there is no such plan as no other entity offers the services and assistance offered by the MPHP.</p>

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.	


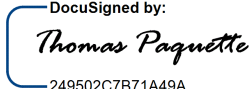
PART V: CONFLICTS OF INTEREST (COI); PURCHASES BY THE STATE

Does the requesting Department signatory understand and acknowledge Maine’s COI Statute?

Yes, the requesting Department signatory understands and acknowledges [Title 17, Chapter 101, §3104](#).

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Melissa Michaud, PA-C	Date:	2/27/2024
Signature of DAFS Procurement Official:			
Typed Name:	Thomas Paquette	Date:	3/8/2024