



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.

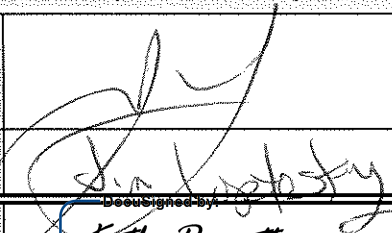
PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/Office of MaineCare Services	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melanie Boucher	
(If applicable) Department Reference #:		OMS-23-210	
Amount: (Contract/Amendment/Grant)	\$ 9,000	Advantage CT / RQS #:	CT 10A 20230215000000002120
CONTRACT	Proposed Start Date:	2/1/2023	Proposed End Date: 1/31/2024
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:		Wabanaki Health & Wellness Inc Bangor, ME	
Brief Description of Goods/Services/Grant:		Consulting on Tribal Health Issues	

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.	The purpose of this agreement is to help the Department build relationships with each of Maine's federally recognized Tribes in order to meaningfully engage and align priorities as is required by many of the federal programs operated by the Department, as well as to ensure the Department is operating in an inclusive manner.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Wabanaki Health and Wellness is the tribal health district for the 4 federally recognized Tribes that live in 5 communities in Maine, and it works closely with each of the Tribes to advance shared priorities. Through this work it has become a trusted resource of the Tribes, which will assist the Department in developing and strengthening relationships with each Tribe to address health disparities and improve overall health outcomes for Tribal members in Maine through aligned initiatives.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The negotiated budget reflects the rates for the Tribal staff under this agreement.
4. Describe the plan for future competition for the goods or services.	The Department does not plan to continue these services beyond the contract period.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<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):			Date: 9-Mar-23
Signature of DAFS Procurement Official:	Kathy Paquette		Date: 4/3/2023
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	4/3/2023