



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/WIC		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Melinda Farrell		
(If applicable) Department Reference #:		CD0-23-4677		
Amount: (Contract/Amendment/Grant)		\$ 13,068.00	Advantage CT / RQS #:	RQS 10A 20230126000000000906
CONTRACT	Proposed Start Date:	4/1/2023	Proposed End Date:	6/30/2023
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:		The BEST Connection/Cheryl J Bean-Moody Waterville, ME		
Brief Description of Goods/Services/Grant:		Breast Feeding Training for WIC Staff		

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 Best Connection is a statewide Breast Feeding Training that WIC Staff attend annually.

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

The BEST Connect is a Maine based Breast Feeding Education Company that offers trainings on breastfeeding and nutrition tailored to WIC Staff. This way the training dollars stay in the State of Maine and staff receive targeted necessary training reducing the need for some out of state travel to obtain the required continuing education.

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

The price is \$198.00 per participant for the 2-day conference; this is the same price as the public who also attend.

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

There is currently no plan for future competition for these goods or services.

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

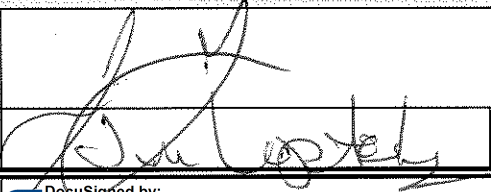
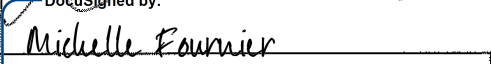
Does this request utilize ARPA/MJRP funds?

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):			Date:	4-16-May-23
Typed Name:			Date:	
Signature of DAFS Procurement Official:	DocuSigned by: 		Date:	4/3/2023
Typed Name:	Michelle Fournier		Date:	4/3/2023