



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.

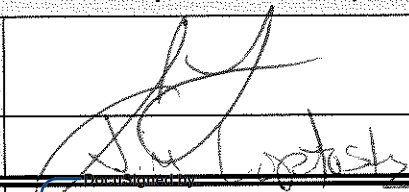

PART I: OVERVIEW				
Department Office/Division/Program:		Maine CDC/DRVS		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Melinda Farrell		
(If applicable) Department Reference #:		CD0-24-1250		
Amount: (Contract/Amendment/Grant)		\$ 141,600.00	Advantage CT / RQS #:	CT-10A-20230221000000002145
CONTRACT	Proposed Start Date:	07/01/2023	Proposed End Date:	06/30/2025
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:		Brenda Massey-Labbe Winslow, Maine		
Brief Description of Goods/Services/Grant:		Certified Tumor Registrar to supplement State Cancer Registry 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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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 Maine Cancer Registry (MCR) is obligated to meeting national standards for data quality and completeness of cancer case reporting. The mandatory program requirement is timely submission of high quality data. We are requesting to use federal funding from CDC to contract for Certified Tumor Registrar (CTR) for this specific service for the FY 23 and FY 24 grant period ending June 30, 2025. Without these services, MCR could lose the allotted federal grant funding.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Maine Center for Disease Control & Prevention has determined that this provider has the necessary training and qualifications to deliver this service.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The hourly rate is set at \$50 per hour. The rate has not been increased for the past 8 years. This rate is lower than the lowest rate (\$58/hr in 2012) paid to an agency which supplies CTR services. The Department considers the rate fair and reasonable.
4. Describe the plan for future competition for the goods or services.	The Registry has not been successful in recruiting CTRs. In the past, MCR has recruited through two Associations for Cancer Registrars and Registries. We have also reached out to each Maine hospital cancer registry program to identify individuals who might be interested in contract work which is how we identified our current and prior contract CTRs. Future recruitment will be done the same way, we will reach out with the professional association listservs and recruitment among hospitals.

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:
Typed Name:	J. J. Levesque	Date:	27 - Mar - 23
Signature of DAFS Procurement Official:			Date:
Typed Name:	Kathy Paquette	Date:	4/10/2023