



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:		DHHS Commissioner's Office	
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Melinda Farrell	
(If applicable) Department Reference #:		COM-23-7022	
Amount: (Contract/Amendment/Grant)	\$650,000.00	Advantage CT / RQS #:	CT 10A 2023033000000002499
CONTRACT	Proposed Start Date:	01/01/2023	Proposed End Date: 05/31/2024
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:		MaineHealth Portland, ME	
Brief Description of Goods/Services/Grant:		Establish and support the Building ME Network of academic and healthcare institutions.	

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 purpose of this Agreement is to expand capacity for health providers to serve as host sites for student clinical learning placements with a particular focus on rural and underserved communities in Maine. There is strong evidence that participation in rural clinical learning experiences can successfully attract and retain healthcare workers in rural areas by increasing their experience in and relationship to rural and underserved communities. Provider shall establish and support the Building ME Network of academic and healthcare institutions partnering to expand clinical healthcare learner placements throughout Maine.

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

Although not selected under the competitive process, the Department determined MaineHealth provided a unique response to RFA# 202206098, "Maine Healthcare Workforce Initiative Grant Funding Opportunity for Expansion of Rural Clinical Preceptorships and Graduate Medical Education (GME) Programs". This application included a solution which will have a statewide and lasting impact. Because of this approach, additional funding was secured through USCDC grant 013-10A-2816-19-RHDCV-F2021 to support this project.

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

Costs for the contract are based on the budget submitted by the vendor that outline the staff and related expenses to create and implement the Building ME Network. The vendor's proposed budget was reviewed by the RFA review team and costs were assessed as being fair and reasonable.

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

This is a project with one-time expenses. There is no plan to renew services.

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

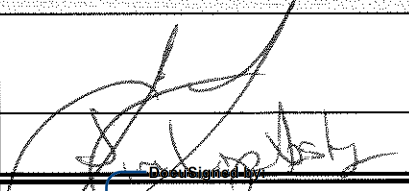

Does this request utilize ARPA/MJRP funds?

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:	19-Apr-23
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	4/28/2023
Typed Name:	Kathy Paquette	Date:	4/28/2023	