



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 and 10 rows containing procurement details: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, Department Reference #, Amount (Original, Amend, Revised), Advantage CT / RQS #, Proposed Start/End Dates, Effective/New End Dates, Grant Start/End Dates, Vendor/Provider/Grantee Name, City, State, and 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 and 6 rows for justification options: 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.

The purpose of this Agreement is the administration of statewide Public Health Prevention Services, including those focusing on tobacco, substance use, and obesity prevention. This agreement is to create part of the structure for the delivery of Maine Prevention Network (MPN) services, within each of the Department's Public Health Districts (Districts), to measurably improve health outcomes associated with substance use, tobacco use and exposure, and obesity.

The purpose of this amendment is to add additional substance use prevention block grant funding to support work the Providers are currently doing. Providers have been running out of block grant funds.

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

Through RFP 202207119, an Evaluation Team evaluated the Bidders Qualifications and Experience, Proposed Services, and Cost Proposal in awarding the contract to these providers.

Period	Start Date	End Date
Initial Period of Performance	1/1/2023	06/30/2024
Renewal Period #1	7/1/2024	06/30/2026
Renewal Period #2	7/1/2026	06/30/2028
Renewal Period #3	7/1/2028	06/30/2030
Renewal Period #4	7/1/2023	06/30/2032

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

The costs and rates of this vendor were considered fair and reasonable and the best value for the Department.

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

The Department intends to competitively procure these services with a contract start date of 7/1/2032.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

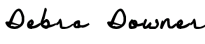

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  <small>5DC6307B8558482</small>		
Typed Name:	Debra Downer, Deputy Director for Competitive Procurement	Date:	Feb-29-2024
Signature of DAFS Procurement Official:	DocuSigned by:  <small>2D5B6E39F57E44A...</small>		
Typed Name:	william J.E. Allen	Date:	4/11/2024

NOI 0420240388 04/12/2024 - 04/18/2024

DHHS Office: Maine CDC

Service: Maine Prevention Services

Amendment B

Vendor Name	Agreement Number	Amd	CT 10A	Start Date	End Date	Amendment Amount	Revised Amount
MaineHealth d/b/a Southern Maine Health Care	CD1-23-4425	B	20221128000000001445	1/1/2023	6/30/2024	\$27,863.01	\$1,817,801.01
County of Cumberland	CD2-23-4425	B	20221128000000001446	1/1/2023	6/30/2024	\$34,581.92	\$2,249,391.92
MaineHealth d/b/a FCHN/HCC	CD3-23-4425	B	20221128000000001447	1/1/2023	6/30/2024	\$29,115.48	\$1,926,764.48
MaineHealth d/b/a Mid Coast Hospital	CD4-23-4425	B	20221128000000001448	1/1/2023	6/30/2024	\$26,639.56	\$1,573,051.56
MCD / Healthy Communities of the Capital Area	CD5-23-4425	B	20221128000000001449	1/1/2023	6/30/2024	\$26,384.59	\$1,732,543.59
City of Bangor	CD6-23-4425	B	20221128000000001450	1/1/2023	6/30/2024	N/A	\$1,591,052.00
Healthy Acadia	CD7-23-4425	B	20221128000000001451	1/1/2023	6/30/2024	\$20,713.05	\$1,274,046.05
Aroostook County Action Program, Inc	CD8-23-4425	B	20221128000000001452	1/1/2023	6/30/2024	\$17,202.37	\$1,096,830.37
Total Items	8				Totals	\$182,499.98	\$13,261,478.98