

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		Maine CDC / Division of Disease Prevention	
Department Contract Administrator or Grant Coordinator:		Chris Moiles/ Ryan Roberts	
(If applicable) Department Reference #:		CD0-19-4475E	
Contract Amount:	Orig: \$122,687.00 Amend: \$10,974.00 Revised: \$133,661.00	Advantage CT / RQS #:	10A 20180612000000003298
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	8/1/2018	Effective Date:
	Previous End Date:	4/28/2020	New End Date: 6/28/2020
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maine Healthcare Portland, ME 04101	
Brief Description of Goods/Services/Grant:		Technical assistance, Education and Training, Expanding Quitline Capacity	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

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 Amendment is to increase the number of Maine residents who are screened for tobacco use and who receive evidence-based tobacco treatment services through the Maine Tobacco Helpline (MTHL). Maine Healthcare Center for Tobacco Independence will work with large healthcare systems and their clinical sites with the goal of integrating the Maine Tobacco Helpline fax referral into the Electronic Medical Record (EMR) so that each patient seen by a physician is asked about tobacco use and offered tobacco treatment services through the Maine Tobacco Helpline. Maine CDC reapplied for this continuing grant award in April 2015 so that expansion of the integration of the Electronic Medical Record could continue throughout Maine so that the number of Maine residents who are screened for tobacco use and who receive evidence-based tobacco

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PART III: SUPPLEMENTAL INFORMATION

treatment services through the Maine Tobacco Helpline continues and increases throughout the state.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The entity known as Maine Healthcare Center for Tobacco Independence is unique in all of Maine. The Center for Tobacco Independence began in 2001 with a mission to increase access to evidence-based tobacco treatment in Maine. The Center over the years has grown into a team of highly qualified individuals with a proven record of cutting-edge research, delivery of treatment and nationally recognized tobacco treatment training. The goal of the Center is to establish a standard of care for treating tobacco dependence with the ultimate aim of reducing smoking prevalence in Mainers. At this time Maine Healthcare Center for Tobacco Independence is the sole entity, as a partner with the state tobacco prevention and control program, currently trained in all aspects of this work.

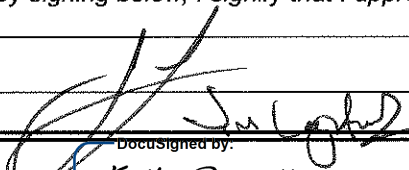

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates/costs are consistent with the original contract.

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

The Department does not intend to RFP these services.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:			
	Date:	12 Aug - 20	
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	kathy Paquette <small>41C2BA36FAF44CD...</small>	Date:	5/21/2020