

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.

PART I: OVERVIEW			
Department Office/Division/Program:		Maine CDC / Disease Prevention and Control	
Department Contract Administrator or Grant Coordinator:		Chris Moiles	
(If applicable) Department Reference #:		CD0-20-4419C	
Original Contract Amount:	\$ 1,297,870.00	Advantage CT / RQS #:	CT 10A 20190503*3259
Amendment Amount:	\$ 600,198.00		
Revised Amount:	\$ 1,898,068.00		
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2019	Effective Date:
	Previous End Date:	6/30/2021	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Partnerships for Health Augusta, ME 04330	
Brief Description of Goods/Services/Grant:		Evaluation	

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
	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	X	L. Other Authorization - RFP Extension

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.
<p>This amendment is to extend and expand the evaluation services of the Maine Prevention Services (MPS) Initiative for the tobacco-related work for the Tobacco and Substance Use Prevention and Control Program (TSUPC) within the Maine CDC. This contract provides the only evaluation services to the entire Maine Prevention Services group of contracts, of which, are planning to be extended until 6/30/2022, through an RFP extension. Below is further information on the MPS contract extensions:</p> <p>A thoughtful and comprehensive planning process was put into motion four (4) months ago to address aligning the services for a longer-term plan and being diligent about ensuring the model is appropriate and complete. Maine CDC is looking at two (2) facets of these services: 1) the administration structure of the work and 2) the allocation of funding for the services being provided. As such, the Department has determined in order to align the services to the new model, the 12 month extension is required.</p>

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL INFORMATION

It is necessary the Department takes the critical steps to ensure these services are right and build on what has been learned over the past 20 years of local level prevention investment in the State. Using the data and assessments, the team will build the future of the State of Maine's Prevention initiatives.

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

The current provider has been providing the evaluation services for Maine's Prevention Services Initiative and tobacco related work since 2015. The provider has the unique qualification, abilities and/or expertise necessary to ensure the continuity of the ongoing evaluation for these particular services. This amendment is a contract extension to support the RFP extension for the Maine Prevention Services.

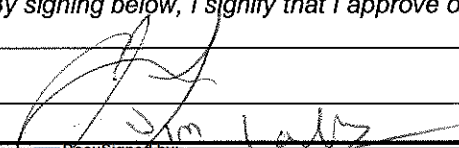

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost assigned are fair and appropriate for the proposed scope of work and are in alignment with the cost proposed under RFP 201502033.

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

The Department intends to competitively bid these services with a contract start date of 7/1/2022.

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:	5-Apr-21
Signature of DAFS Procurement Official:			
Printed Name:	41C2BA36FAF44CD Kathy Paquette	Date:	5/3/2021