



## 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.*

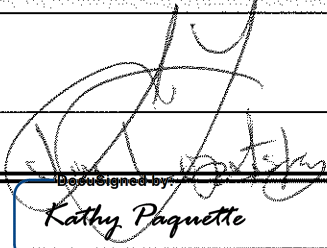

PART I: OVERVIEW				
Department Office/Division/Program:		Maine CDC/ Division of Disease Prevention		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Stacy Martin		
(If applicable) Department Reference #:		CD0-22-4566		
Amount: (Contract/Amendment/Grant)		\$ 9,600.00	Advantage CT / RQS #:	CT 10A 20220224000000001963
CONTRACT	Proposed Start Date:	02/01/2022	Proposed End Date:	6/30/2022
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:		Medical Care Development Augusta, ME		
Brief Description of Goods/Services/Grant:		Core Competency Training for Community Health Workers		

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 provide Core Competency Training for Community Health Workers. Community Health Workers are frontline public health workers that work with patients and healthcare systems. Core competency training addresses skills Community Health Workers need to effectively perform tasks. Support of training Community Health Workers is an approved workplan activity for the collaborative agreement CDC-DP18-1815.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The vendor developed and provides a hybrid virtual CHW core competency training program with a curriculum based on the roles and competencies outlined by the C3 Project ( <a href="https://www.c3project.org/">https://www.c3project.org/</a> ). This training program is endorsed by the Maine Community Health Worker Initiative and was created collaboratively with the selected vendor, who is listed within the federally approved workplan as the vendor of choice to provide this service within the collaborative agreement.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Costs are fair and reasonable at \$600, per person for an 8 week, 40 hour training. These costs are similar to in-person only trainings.
4. Describe the plan for future competition for the goods or services.	The department does not plan to competitively procure services as the vendor is the developer of proprietary training inclusive of competencies outlined by The C3 Project supported by Maine's Community Health Worker Initiative.

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):			
Typed Name:		Date:	14 - Mar - 22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	5/2/2022