



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:		MeCDC/Division of Disease Prevention and Control / Leslie Jeffers	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Lora Blackwell	
(If applicable) Department Reference #:		CD0-21-4589B	
Amount: (Contract/Amendment/Grant)	Original: \$126,050.00 Amend: \$42,500.00 Revised: \$168,550.00	Advantage CT / RQS #:	CT 10A 20201214000000001860
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	06/30/2022
	Previous End Date:	New End Date:	06/29/2023
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		YMCA Alliance of Maine Bangor, ME	
Brief Description of Goods/Services/Grant:		Support YMCA's existing National Diabetes Prevention Programs	

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 checked="" 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 support YMCA's existing National Diabetes Prevention Programs (National DPP) and start new ones. The Department and the Provider shall work to engage a minimum of three (3) new YMCA sites, with a goal of six (6) to offer the National DPP in their communities.

The Provider shall act as an administrative / management support group. The Provider would set enrollment targets, distribute payment and maintain accountability for the performance goals, while each individual YMCA would apply for Diabetes Prevention Recognition Program (DPRP) recognition, deliver the program, and be responsible for data submission.

The purpose of this amendment is to further support YMCA's established National Diabetes Prevention Programs and Blood Pressure Self-Monitoring programs, allowing them to provide access to programs in underserved areas to identified priority populations.

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

The Provider has existing National Diabetes Prevention Programs and Blood Pressure Self-Monitoring programs and is an expert in the program requirements that need to be met. The YMCA is the only organization in the state with a recognized Blood Pressure Self-Monitoring program.

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

The rates were negotiated using the current rates for these services within the organization and in comparison, with known rates from other out-of-state agencies that provide these services.

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

The Department does not intend to competitively procure these services.

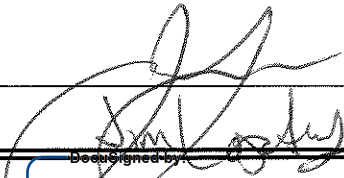

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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):			
Typed Name:		Date:	4 - May - 22
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small>		
Typed Name:	Kathy Paquette	Date:	5/13/2022