



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: | | Department of Health and Human Services | |
| Department Contract Administrator or Grant Coordinator: | | Chris Moiles / Melinda Farrell | |
| (If applicable) Department Reference #: | | COVID-19 Vaccination Support Services | |
| Total Amount: (Contract/Amendment/Grant) | Amend Total: \$168,949.00 | Advantage CT / RQS #: | Multiple – see table below |
| CONTRACT | Proposed Start Date: | Proposed End Date: | |
| AMENDMENT | Original Start Date: | Effective Date: | 10/1/2022 |
| | Previous End Date: | New End Date: | 12/31/2022 |
| GRANT | Project Start Date: | Grant Start Date: | |
| | Project End Date: | Grant End Date: | |
| Vendor/Provider/Grantee Name, City, State: | | Multiple – see table below | |
| Brief Description of Goods/Services/Grant: | | COVID-19 Vaccination Support Services | |

| 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 type="checkbox"/> | C. Single Source/Unique Vendor | <input type="checkbox"/> | I. Federal Agency Directed |
| <input type="checkbox"/> | D. Proprietary/Copyright/Patents | <input checked="" 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.

This agreement aims to provide temporary support for services necessary to ensure the equitable distribution and uptake for COVID-19 vaccines for underserved communities including, but not limited to, Tribes, racial and ethnic minority groups, rural communities, individuals that identify as LGBTQ+ or people living with disabilities, and those living on the margins of the economy. Vaccine support includes assessing needs, implementing community engagement strategies to promote vaccine, increasing vaccine confidence through education and outreach, and activities to ensure the equitable distribution and administration of vaccination.

The purpose of these amendments is to continue COVID-19 vaccination support services until 12/31/2022 and add additional funding.

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

The Department has determined these Providers are willing and qualified based on their ability to provide the necessary services to safely isolate and quarantine. The providers have a history of providing such services and have the capacity to meet the requirements of the deliverables. The providers are trusted in their communities to assist the Department in achieving equity in the COVID-19 vaccination program.

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

The Department has reviewed the costs associated with these services for fairness and allowability. The funding was partly based on proposals from the organizations, including information about the number and types of outreach/education activities they will provide, the number and type of community engagement activities they will provide, and the number and kind of equitable distribution and administrative activities they will provide. The Department also considered past performance on contracts/ reporting, geography, and distribution of funds to directly impacted communities across Maine. Funds were allocated based on the organization's quarterly expenditures budget forecasting until 12/31/2022.

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

The Department does not intend to RFP these willing and qualified 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): |  | | Date: | 26-Mar-23 |
| Typed Name: | | | Date: | |
| Signature of DAFS Procurement Official: |  | | Date: | 5/8/2023 |
| Typed Name: | Kathy Paquette | Date: | 5/8/2023 | |

Service Group: COVID-19 Vaccination Supports Services

Start Date: 2/1/2021 End Date: 12/31/2022

| Contract Number | Advantage CT | Agency Name | Amendment Funds (Additional) | New End Date | Revised Contract Value |
|-----------------|----------------------|--|------------------------------|--------------|------------------------|
| COM-21-5700E | 20210304000000002372 | AK Health and Social Services | \$42,749.00 | 12/31/2022 | \$207,824.00 |
| COM-22-5732D | 20210909000000000628 | Healthy Acadia | \$25,000.00 | 12/31/2022 | \$300,000.00 |
| COM-21-5712E | 20210304000000002384 | New England Arab American Organization | \$12,000.00 | 12/31/2022 | \$181,364.00 |
| COM-21-5713E | 20210304000000002385 | New Mainers Public Health Initiative | \$31,500.00 | 12/31/2022 | \$252,343.00 |
| COM-21-5716D | 20210304000000002389 | United Somali Women of Maine | \$15,000.00 | 12/31/2022 | \$180,228.92 |
| COM-21-5707E | 20210304000000002378 | Maine Immigrants and Refugee Services: Additional Funding ONLY. | \$42,700.00 | N/A | \$238,605.00 |
| | | TOTAL | \$168,949.00 | | \$1,360,364.92 |