



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:	Permanent Commission on the Status of Racial, Indigenous, and Tribal Populations			
Department Contract Administrator or Grant Coordinator:	Hunter Cropsey, Operations Director			
(If applicable) Department Reference #:	N/A			
Amount: (Contract/Amendment/Grant)	\$ 40,000.00	Advantage CT / RQS #:	20230512000000003175	
CONTRACT	Proposed Start Date:	5/29/2023	Proposed End Date:	10/31/23
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:	Partnerships for Health Augusta, ME			
Brief Description of Goods/Services/Grant:	This project will collect and compile available quantitative and qualitative data regarding the Department's focus areas, then develop materials and resources capable of informing subsequent Department efforts, including research, policy, outreach, education, programming, and communications initiatives.			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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 checked="" 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 Provider shall: (1) conduct a literature review, compile resources into a living bibliography, and (2) write a short report and a fact sheet, for twelve (12) Department focus areas. This work will help the Department understand and easily access extant literature related to the status of racial, Indigenous, and tribal populations, organized according to the Department’s focus areas. The Provider will subcontract as necessary and approved by the department in order to secure topical capacity and research expertise for each focus area.

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

For this project to be a success, the Department needs a Provider with experience leading a team of researchers and other stakeholders towards the completion of targeted policy research and reporting on a diverse array of focus areas. The Provider has years of experience coordinating research teams to collect data within and outside state government, conduct analysis, and develop data visualizations and concise reporting to evaluate state programs and policies. This experience and their connections with a diverse array of topical experts makes them well positioned to be a success.

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

Negotiated rates are fair and reasonable based on what the provider typically negotiates, as well as the Department’s commitment to negotiating rates that encompass equity across relationships with like-providers.

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

After the completion of this contract, services will conclude and there will not be an immediate option to renew. Should the Department wish to execute a similar polling project again in the future, it will be able to utilize the RFP process at that time if appropriate.

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


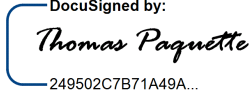
Does this request utilize ARPA/MJRP funds?

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:	Hunter Cropsey, Operations Director	Date:	05/17/23
Signature of DAFS Procurement Official:			
Typed Name:	Thomas Paquette	Date:	5/18/2023