



PROCUREMENT JUSTIFICATION FORM (PJF)

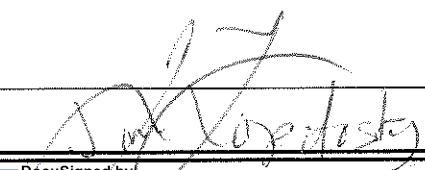
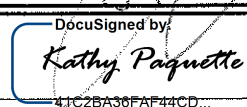
This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

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:		DHHS Maine Center for Disease Control and Prevention, Office of Population Health Equity	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Stacy Martin	
(If applicable) Department Reference #:		CD9-24-1501	
Amount: (Contract/Amendment/Grant)	\$ 200,000.00	Advantage CT / RQS #:	CT 10A 20240112*1956
CONTRACT	Proposed Start Date:	1/1/2024	Proposed End Date: 12/31/2024
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:		Mi'kmaq Nation Health Department Presque Isle, Maine	
Brief Description of Goods/Services/Grant:		Address racial/ethnic COVID-19 disparities through COVID-19 response efforts within the Public Health District.	

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 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 implement activities that increase equitable vaccine access and vaccine confidence through education, outreach and partnerships.			
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.			
Office of Population Health Equity (OPHE) aims to address health disparities experienced throughout the state, and specifically tribal communities through this work. Mi'kmaq Nation Health Department was selected as the health center of the Mi'kmaq Penobscot Nation and their relationship with tribal community members. OPHE's theory of change centers on the idea that the organizations best positioned to impact change in communities are those whose leadership reflects the community they serve. As the Mi'kmaq Tribal Health Center, Mi'kmaq Nation Health Department is best positioned to do this work effectively.			
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.			
Funding determination reflects similar funds administered to Community Based Organizations working with a variety of populations for vaccine equity activities. Scope of work reflects reasonable activities and deliverables that reflect the funding and are comparable to the activities other organizations are taking on as part of the Vaccine Equity program.			
4. Describe the plan for future competition for the goods or services.			
The Department does not anticipate the availability of additional funding after this period.			
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)			
Does this request utilize ARPA/MJRP funds?			
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).			
<input checked="" type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.			
<input 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:	7 May -24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	5/10/2024