

## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) <u>over \$5,000</u> 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.

		P	ART I:	OVERV	EW		
Department Office/Division/Program:			DHHS/MCDCP/Infectious Disease Surveillance Epidemiology				
Department Contract Administrator or Grant Coordinator:			Chris Moiles \ Brianne Carrero				
(If applicable) Department Reference #:			CD0-24-5131				
Amount: \$35,160.		Advantage CT / RQS RQS-10A- #: 20240401000000		10A- 0401000000001415			
CONTRACT	Proposed Start Date	te:	3/1/202	23	Proposed End	Date:	6/30/2023
AMENDMENT	Original Start Da	te:			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:		SAS Institute Inc. Atlanta, GA					
Brief Description of Goods/Services/Grant:		Provide training on SAS programming to Maine CDC staff.					

	PART II: JUSTIFICATION FOR VENDOR SELECTION							
Check the box below for the justification(s) that applies to this request. (Check all that apply.)								
	A. Competitive Process		G. Grant					
	B. Amendment		H. State Statute/Agency Directed					
	C. Single Source/Unique Vendor		I. Federal Agency Directed					
	D. Proprietary/Copyright/Patents		J. Willing and Qualified					
	E. Emergency		K. Client Choice					
	F. University Cooperative Project		L. Other Authorization					

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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 foundational training on SAS (Statistical Analysis System) programming to Maine CDC staff who use this software to perform duties required by their iob. This is a statistical software package used to analyze multiple data sources in the Department of Health and Human Services, Maine Center for Disease Control and Prevention. SAS is used to prepare and analyze multiple data sets for several federal grants and programs such as BRFSS, PRAMS, MIYHS, Cancer Registry; vital event data including births, deaths, marriages, divorces, fetal deaths, and abortions; as well as several programs in the Division of Environmental Health, Division of Disease Surveillance, and Division of Disease Prevention.

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

SAS training is only offered by SAS Institute Inc. and its affiliated educational sites around the US. There are no training sites located in Maine, the next closest site is in Boston, MA. The Department also confirmed neither USM nor UNE were offering SAS courses at this time.

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

Costs are a standard rate for all in-person training of this type conducted by the Institute. Further, having the training come to Maine is the most advantageous manner for several staff to obtain vital SAS training without having to travel outside of the state.

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

Will continue to work with SAS Institute and see if they would work with Maine Universities to provide training on SAS in the future.

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

(MJRP)
Does this request utilize ARPA/MJRP funds?
☐ Yes, MJRP funds (023) - If Yes, please attach the approved Business Case(s).
☐ Yes, ARPA funds (025) — If Yes, please be aware of the requirements from awarding federal agencies.
⊠ No – If No, proceed to Part V.

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PART V: APPROVALS			
The signatures below indicate ap	proval of this procurement reques	st.	
Signature of requesting Department's Commissioner (or designee):	M		. [
Typed Name	Bur Man	Date	1924
Signature of DAFS Procurement Official:	-Docusigned by: Noseph Brioka		· (
Typed Name:	Joseph Zrioka -EA813178102243C Director of IT Procurement	Date:	5/14/2024